	ST	ATE C	F MAR	LAND-	CERTIFICATE OF DEATH	
1	PLACE OF DEATH	1			(100)	
	County Do	ches	ter		Registration Dist. No. 110	~~~
	Village or City	+ un	Lock			ard
	Langth of residance In city	or town whara d	aath occurrad	AyısBaos	death occurred in a hospital or institution, give its NAME instead of street and number)	ds.
2	. FULL NAME /	P	(Hada	If U. S. Veteran, specify WAR	
		C 0-0				
	(a) Residence: No		(Usual place	of abode?	St, Ward. If nonresident give city or town and State	
	PERSONAL AND	STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. 5	SEX 4. COLOR	OR RACE		RIED, WIDOWED, (write the word)	21. DATE OF DEATH (Month) (Day) (Pear)	
5a.	If married, widowed, or divorca	ıd			(Month) (Day) (Year)	
-	HUSBAND of (or) WIFE of				22. HEREBY CERTIFY That I attended dacaesad	rom
		1.	- 8 -	1021	Tel. 10 ,1937,10 + sec/6, 193	7
-	DATE OF BIRTH (month, day, e				I last saw hadiva on 7 1937; daath is	Said
7. /	AGE Yaers	Months 2	Days	If LESS than 1 day,hrs.	to heve occurred on the date stated above, at 4	
_	0.7			ormin.	were as follows:	set
NO	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.				April 1-recentor-C	
OCCUPATION	9. Industry or business in w	hich	/			
5	9. Industry or business in w work was done, es SIL SAW MILL, BANK, etc	K MILL,			They besught class of 18	7
ö	10. Data decaased last worke this occupetion (month	d at	ff. Total ti	ma (years) tin this	The library	
	yaar)		occu	pation	Other Contributory Causes of importance:	?
12.	BIRTHPLACE (city or town)	Hun	lock	·	other conditions of the condit	3
	(Stete or country)	Dore	. Co. m	ed,		
FATHER	13. NAME Rola	rd s	ldan	0		
AT	14. BIRTHPLACE (city or town	1)			Name of operation Date of	
	(State or country)	1/1	rd.		What test confirmed diagnosis? Was thara an autopsy?	
HER	15. MAIDEN NAME	negit	ine of	odam	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	f6. BIRTHPLACE (city or town	1) 12	y f		Accident, suicida, or homicide? Date of Injury, 19	
Σ	(Stata or country)		1		Where dld injury occur?	
17.	INFORMANT Asac	00	I valso.	~_	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
-	(Addrass) 2/c	ulork	md.			
18.	BURIAL, CREMATION, OR REN	Cesa.	n 7	617	Manner of injury	
	Place		Date	6.1.7.,193.7	Nature of injury Auchor	
19.	UNDERTAKER . Cham	so &	odson	,	24. Was disaase or injury in any way ralated to occupation of deceased?	
-	(Address)	fucto	che, ass	d	If so, specify	
20.	FILED. Neb. 16,, 19	37.	Kaslifs	Registrat.	(Signed) (Address) September (Address)	1. D.
		If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related caus of importance were as follows:	Ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 6 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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ery	NS	int	
Eve	CIA	eme	
D.	SI	stat	
OR	H	s to	
3EC		Xa	
LI	Y.	hrd.	
EN	TI	ed.	
AN	A C	ssif	
RM	X	cla	
PE	田	-Jy	ate
4	ted	pel	tific
IS	sta	pro	cer
HIS	be	be	Jo
H	plu	lay	ack
YK-	sho	it n	q u
H	H	at	8 0
NG	AC	o th	tion
AD	d.	3, 50	ruc
KZ	plie	rm	inst
D	sup	n te	ee
TH	IIy	olai	S
W	efu	in I	ant.
X,	car	H	ort
Z	pe	EA	imp
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
P	shor	OF	ve
ITI	uc	SE	13.
WR	atie	AU	101
1	/E	0	5

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1. PLACE OF DEATH	
County NOZ, CO, MA WIT	HIN CORPORATE LIMITS OF Registration Dist. No. 1 1
Village or City Cambudge Hit	No. Park Sane St., Ward
City of	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or lown where death occurred	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME facille Willew	If U. S. Veteran, specify WAR.
(a) Residence: No. Park Some	St., 2 ^M Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Markied	21. DATE OF DEATH 28 (Month) (Day) (Year)
5e. If married, widowed, or divorced	
(or) WIFE of Samuel allen	22. J I HEREBY CERTIFY That I attanded daceased from
1. 11 .000	C-0.0
6. DATE OF BIRTH (month, day, and year) 7 4 - 7 9 7 20	
7. AGE Years Months Days If LESS than 1 dayhrs,	to have occurred on the date stated above, at! J
44 0 24 ormin.	were as follows:
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	LOBAR PNBUMONIA (RIGHT) 2/2/37
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Indestry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (yeers)	Primary concessorma of Reportic Place
Date deceased last worked at 11. Total time (yeers)	wie of colono Dunstin : not known
this occupation (month end spent in this occupation	CufiR
12. BIRTHPLACE (city or town) Churchulge	Other Contributory Causes of Importance: KYPERTENSIVE HEART DISEASE ?
(State or country) DOZ, Co., MA	GASTRIC MALIGNANCY 7
13. NAME John Ennels 14. BIRTHPLACE (city or town)	One in the same of
14. BIRTHPLACE (city or town)	Name of operation NONE Date of
(State of country)	What test confirmed diagnosis? Was there an aulopsy? ヘリジ
15. MAIDEN NAME Legge Nichols 16. BIRTHPLACE (city or town) - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
S (Slate or country) W 02, CO,	Where did injury occur?
17. INFORMANT Jula Sulder (Sister) (Address) Pul St Cumbred of Will	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL buty the	Manner of Injury
Place waregh Cemeters Count Date Mar 2, 19 37	Nature of injury
19. UNDERTAKER IT MISCOLARS.	24. Was disease or injury in any way related to occupation of decaased? Lo.
(Address) Cambridge Mrd.	If so, specify
20. FILED 3-2 1931 John Grace M. Registral.	(Signed) (Address) 10 4 Locus II., Comordy, M.D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RESERVE V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenleritis	1 year

nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 1619
	1. PLACE OF DEATH	(3)
of m of	County Dorchephen	Registration Dist. No.
item of should of OCC	Village or City Landredge	death occurred in a hospital or institution, give its NAME instead of street and number)
it si		.2.3. ds. How iong in U.S. if of foraign birth?
Every CIANS ement	2. FULL NAME Edward anders	If U. S. Veteran, specify WAR
RD. Every	(a) Residence: No. Elston	St., Ward.
5 H J	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
RECC. PI	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR QR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE-OF DEATH
	male white OR DIVORCED (writing the word)	Februar (6th, 1937 (year)
ANEN A C T I ssifted.	5a. If marriad, widowad, or divorcad HUSBAND ol (or) WIFE of	22. I HEREBY CERTIFY Than I attanded daceased from
KM X Cla	C DATE OF BURY (worth 400 and 100 (D g · D S - 1893	1 last saw h 2 valiva on 120 6 5 1913 7 daalh is sa
PE I E ate	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at 2.4 Am.
IS A PE stated E properly certificate.	43 10 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
70	9 Trade profession or particular	wate as follows: Date of once
THIS I Pe	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Do Ala
K—T ould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaased last worked at this occurration (mostly and company in this decay.)	felmonary Subliculous Dec
Sh Sh	10. Date decaased last worked at this occupation (month and)	<i>[</i>
	yaar) a Louis 14 30 occupation top	Other Contributory Causes of importance:
NFADING NFADING pplied. AGF erms, so that	12. BIRTHPLACE (city or town). The state of country)	
FA FA FA FA FE		
	Ŧ.	Name of operation
INL FH U y sul lain t See	14. BIRTHPLACE (city or town) Unformation (State or country) Quality	What test confirmed diagnosis?
if ull plant	# 15. MAIDEN NAME matilda marson	23. If death was due to external causes (VIOLENCE) fill in also the following:
PLAINLY, WIT hould be carefull OF DEATH in pl	5 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
Id be can DEATH	(State or country) Maryland	Where did Injury occur? (Specify city or town, county and State)
LIA DI Ty i	17. INFORMAN CODE TO LATE TO A SOLUTION (Address)	Species whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, DR. REMOVAR	Mannar of injury
G	Place Blake Ma Date III 8 , 193	Nature of Injury
WRIT mation CAUSI TION	19. UNDERTAKER Mrs Flerance Elbrather	24. Was disease or injury in any way related to occupation of deceased?
	(Address) Elbterg 100	If so, specify
	20. FILED 2 /) , 193) Muy Mony	(Signed) (Signed) (Signed) (Signed)
	Registar! Wif more blanks are needed, address State Registrar.	2411 N. Charler Street, Baltimore, Requesting U. S. No. 1.
	,	

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	Example I	-13	Example II	
The principal cause of importance were a	f death and related causes sollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	RANFO A CALL	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Dunger H V S	July 5,1927	Peritonitis	3 days ago
Other contributory ca	nuses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1620
1. PLACE OF DEATH	
County Dorchester WITHIN CORPORATELINIT	Registration Dist. No. II6
Village or City Cambridge	No Cambridge Md. Hospital. St ward
(If Length of residence in city or town where death occurred3_yrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Seyhour Andrews.	If U. S. Veteran, specify WAR NO
(a) Residence: No. 222 High St. (Usual place of abode)	St., 3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Seperated.	21. DATE OF DEATH February 3rd, 1937 (Month) (Day), (Yaar)
5a. If married, widowad, or divorced HUSBAND of Late Georgia Hurlock (or) WIFE of Fannie Gore.	July 8 1937 to Feb 3 1937
6. DATE OF BIRTH (month, day and year) 1871 7. AGE Years Months Days If IESS than	I lest saw half alive on 19 7; death is said to heve occurred on the date stated above, at 5 , 45 , m. 10 10
P 1 day,hrs.	to heve occurred on the date stated abova, atm
65 . ormin.	were as follows:
kind of work dona, as SPINNER, Waterman	Chair 3
9. Industry or business in which	Chronic no loles to
work was dona, as SILK MILL. SAW MILL, BANK, etc	
- I and occupation (month and	
12. BIRTHPLACE (city or town) Lakesville, Md. (State or coughry)	Other Centributery Causes of Importance:
13. NAME Saccel accelances	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Provide Date of What test confirmed diagnosis Courses Excellent in autonox? No
W 15. MAIDEN NAME Come V Candrago	
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Waletr B. Andrews (Address) Cambridge, Md.	(Specify city or town, county end State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place ambridge, Md. Data 2/5/37. 19	Menner of Injury
19. UNDERTAKER Granville S. LeCompte. (Address) Cambridge Martland.	24. Was disaase or Injury In any way related to occupation of deceased?
31 Nale 4 100	(Signed) Much Schule M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Addrass) Cam

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
700		•	
0000 4			
Other contributory causes of importance:		Other contributory causes of importance:	- 0 []
Gallstones	May 1,1923	Gastroenteritis	1 year
			7
			E

Cou	nty	Word	heste	ENT HIM	Registration Dist. No.	٥
	ge Dr City	Tamb	rdge death occurred	Vrs. mo	No. No. St., Floath occurred in a hospital or institution, give its NAME instead of street and nu s	Ward
2. FUL	L NAME C	sker fact n	v Stew Ma w Ma (Usual place	what Roc	If U. S. Veteran, specify WAR	
PE	RSONAL AN	ND STATIST			MEDICAL CERTIFICATE OF DEATH	Tate .
3. SEX) 4. cold	or or race	5. SINGLE, MA	RRIED. WIDOWED.	21. DATE OF DEATH (Day)	193 7 (Year)
5a. If marri HUSB/ (er) W	d, widowed, or div	gie A	sken	•	Tel- 13 , 1937 to Let 14	ecemed from
6. DATE OF 7. AGE	Yeers	Months	Deys	if LESS than 1 day,hrs.	to heve occurred on the date stated above, at 3 to 1. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance	death is shir
8. Tra	de, profession, or p kind of work done SAWYER, BDDKKE	perticular , as SPINNER, EPER, etc		ormin.	were as follows: Par Parenninia	Data of open
CUP	ustry or business i work was done, es SAW MILL, BANK, a deceased last wo	n which SILK MILL, etc	arm 11. Total	time (years)		73/
12. BIRTHP	this occupation (mo year) LACE (city or town		Sp	cent in this	Other Contributory Causes of importance:	
-1	ne or country)	ven t	75/sen)		
13. NAME Sleven History 14. BIRTHPLACE (city or town) (State or country)					Name of operation Date of What test confirmed diegnosis Churchen	topsy?
Ξ	DEN NAME THPLACE (city or t (State or country)	own) m	Carry	nes .	23. If deeth was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Where did injury occur?	, 19
17. INFORMANT Odus askies, Son (Address)				, Sou	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.)E.
18. BURIAL Place	cremation, or	REMOVAL	netery 4	eb 21,1937	Menner of injury	
19. UNDER	AVED Y	KS CO	ren-		24. Was disease or injury In any way related to occupation of deceased?	5

If more planks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Park and A. S.				
Other contributory causes of importance:	DE CONTR	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDING

MARGIN RESERVED

V. S. No. 1

PHYSICIANS should state Exact statement of OCCUPA-RECORD. Every item of inforstated EXACTLY. properly classified. pe AGE should be

WITH UNFADING INK-THIS IS A PERMANENT See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRIDE PLAINLY,

STATE OF MARKETERING	DEILLI OLLE OL DEILLI
1. PLACE OF DEATH	(83
County Harchester	Registration Dist. No. 114
Village or City Rambridge	No castern those thate Kotop Ward
_ (If a	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	2-9ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME ALLON SAKEN	If U. S. Veteran, specify WAR
(a) Residence: No. Tord Deposit	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDQWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	February 16 Ft 1937
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
Janue Whileman	august 17 1934, to feb 16, 1937
6. DATE OF BIRTH (month, day, and yeer December 7 - 1878	I last saw haralive on Telo 16, 1937; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, et_4_/U/-m.
3-8 2 9 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, es SPINNER,	A-1
SAWYER, BOOKKEEPER, etc.	Teneral Aarena of Itse about
9. Industry or business in which work was done, as SILK MILL,	istanl 193
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and 93/ spent in this occupation year)	con
720 H	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME (11)	
E 9 P S S S S S S S S S S S S S S S S S S	None of acception
(State or country)	Name of operation Date of Was there an autopsy? 2015
15. MAIDEN NAME LOAL OF PROPERTY	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
	Accident, sulcide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur?
Enter Show Ble show To	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT (Address)	whether injury occurred in House Rif, in Home, or in robert reace.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place PringMe, md Date W/ 6 , 193/	Neture of Injury
Le G. Palleran	24. Was disease or Injury In any wey related to occupetion of deceased? The
19. UNDERTAKER (Address)	If so, specify
2 2 4 8 6 7 6	(Signed) Sarles Label M. D.
20. FILED 20 - 16, 192 / John Wall Registar.	(Address) Samuel LAG 1 Mrs
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Aggree agreement or an application of a resident department of the application of the app	2			
Other contributory causes of importance:		Other contributory causes of importance:	14-7-3	
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

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RECORD. Every Atem of infor-PHYSICIANS should state

FOR BINDIN

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AGE should be

nation should be carefully supplied.

1. PLACE OF DEAT				(B)	- 1
	cheste	r ge, R.F.	D.# 1	Registration Dist. No. 11	
			(1)	NoSt., death occurred in a hospital or institution, give its NAME instead of street and s 1ds. How long in U.S. If of foreign birth?	umber)
2. FULL NAME (a) Residence: No		rt Bell, ridge, R	Jr., .F.D.# 1	If U. S. Veteran, specify WAR	
DEDCONAL AND		(Usual place o	ot abode)	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
PERSONAL AND	OR RACE	S. SINGLE, MARR		21. DATE OF DEATH	
Male w	hite		Le word)	Feb 13th (Month) (Day)	, 193. ⁷⁷ (Year)
5a. If married, widowed, or divorce HUSBAND of (or) WIFE of	eď	Infant		22, I HEREBY CERTIFY, That I attended of the state of the	feceased fr
6. DATE OF BIRTH (month, day, 7. AGE Yeers	end year) Fe	eb. 12th	If LESS than 1 dey,hrs. ormin.	to heve occurred on the dete stated above, all:40Ame M. The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:	; deeth is so
8. Trade, profession, or per kind of work done, a SAWYER, BOOKKEEP	S SPINNER,	None	•	Convulsions of undetermined	2/12
kind of work done, a SAWYER, BOOKKEEP 9. Industry or business In work was done, es SI SAW MILL, BANK, et 10. Date decessed last work this occupation (month	LK MILL,	X 11. Total tir		Course of convulsions: Origin	
12. BIRTHPLACE (city or town) (State or country)	h and Camb:	ridge, R	tin this X petion	Other Contributory Causes of Importance: - Applications of Institution of Instit	
13. NAME A1 14. BIRTHPLACE (city or tow (State or country)		tle Have		Name of operation None Dete of What test confirmed diagnosis?	
15. MAIDEN NAME MY 16. BIRTHPLACE (city or tow (State or country) 17. INFORMANT All	rtle W Fork Mar bert Be	illey ne n k yland.		Whet test confirmed diagnosis? Wes there are earlier to the confirmed diagnosis? Wes there are earlier to the collowing Accident, suicide, or homicide? Date of injury. Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	:, 19
(Address) Cal 18. BURIAL, CREMATION, OR RE Place Cambrid	nbridge moval ge, Md		3/37,19	Manner of Injury	
(Address) Cam	bridge	11 (Fat, Rt# 1,	Md.,	24. Wes disease or injury in eny way releted to occupetion of deceesed?	no
20, FILED 2/-13/3/719	1	blanks are needed, ac	Registrar.	Cambridge, Maryland 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Cerebral hemorrhage 4 1027	July 5,1927	Peritonitis	3 days ago	
I BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			102 1	
			Lo	

STATE	OF	MARYI	AND-CE	RTIFICA	TF OF	DEATH
JIAIL			MIND CL			PLAII

1	. PLACE OF D	EATH	'I WAI	ILAND	LEKTIFICATE OF BEATTI	624
	County Dorb	hester			Registration Dist. No. II6	
	Village or City€	hurch Cre	ek, Md.		No. X	Ward
				IOyrs mos	f death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?m	number)
2	. FULL NAME	Wm. H. B	rooks.		If U. S. Veleran, specify WARNo	
	(a) Residence: N	to. Church	Creek,	Md.	St., Ward.	
-	PERSONAL	AND STATISTI	(Usual place		If nonresident give city or town and	State
		COLOR OR RACE White	5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH February 9th, (Month) (Day)	, 193 7
5e.	II married, widowed, or HUSBAND of					(1001)
	(or) WIFE of La	te Kather	ine Cov	ayous.	22. P. I HEREBY CERTIFY, That I attended	deceased from
6.	DATE OF BIRTH (mont	h, day, end year)	2/23/18	54	22	; deeth is said
7	AGE Years	Months	Deys	If LESS then	to have occurred on the dete stated above, at TO Ph.	
1	82	I	26	I day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:	Date ol onset
NO	8. Trade, profession, kind of work d	or perticuler Richards SPINNER, RKKEEPER, etc	etired	Farmer	Onemara (lober)	2-4-57
OCCUPATION	9 Industry or husing	ess in which			-	
CUP		e, as SILK MILL, NK, etc.	Dirt		-	
0	10. Date deceesed las	t worked at 1912	spe	ime (years) <u>Li</u> : ntin this upation	e .	-
-			_	rpation	Other Contributory Causes of Importance;	
12.	BIRTHPLACE (city or to (State or country)	own) Part K	va.		Chronic My -corletas	-
8	13. NAME Robe	rt Brooks				-
FATHER		or town)			Name of operation Date of	
-	(State or count	try)	V	a.	What test confirmed diegnosis? Wes there an	eutopsy?
HER	15. MAIDEN NAME	Eliza Haz	elbrook		23. II death was due to external ceuses (VIOLENCE) fill In also the Iollowing	z :
MOTHER	[6. BIRTHPLACE (city (State or coun	or town)		Va.	Accident, suicide, or homicide? Date of Injury	, 19
	INFORMANT Mrs	741 77 7	one.	V Co.	Where did injury occur? (Specify city or town, county and Sta Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	le)
17.	THE OWN WALL	urch Cree			-	
18.	BURIAL, CREMATION, Piece Golde	or removal n Hill, M	d Dete 2/	II/3710	Manner of injury	
19	. UNDERTAKERC	anville Sambridge,	. LeCom	pte	24. Was disease or injury in any wey related to occupation of deceased?	40
20	FILEO 2-1)	1937	he 9	Vace Y	(Signed) O. H. Carrer (Address) Carrer Syc. 21	M. 0.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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		(S) = 1 S S S S S S S S S		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF I	MARYL	AND-CERTIFICA	ATE	OF	DEATH
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1	O	2	0)	

1	. PLACE OF DEATH	<u> </u>
	County Dochustus	Registration Dist. No.
	Village or City & . Market	NoSt.,Ward
		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2	FULL NAME TO DESCUE	If U.S. Veteran specify WAR.
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 3	SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev) (Sear)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I ettended deceased from
6. 1	DATE OF BIRTH (month, day, and year) Lul 19-1937	I last saw h elive on 19 , to , 19 ; death is said
7. 1	AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:
NOI	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onest
PAT	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
OCCUPATION	10. Date deceased last worked at this occupation (month and spant in this	
_	year) occupation	Other Contributory Causes of Importence:
12.	BIRTHPLACE (city or town) E D Muffelf (State or country)	
IER	13. NAME Denjaman Brown	
FATHER	14. BIRTHPLACE (city or town)	Neme of operation Dete of
!	(State or country)	What test confirmed diagnosis? Was there an autopsy?
HEF	15. MAIDEN NAME Mand Comish	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:
MOTHER	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17.	INFORMANT Bey But Brown (Address) E. M. merket	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Place & MARKETONE FUR 22, 1937	Menner of injury
19.	UNDERTAKER Der Brown (Address) E. n. Amarket	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20.	FILED Feb 21, 1937 H. E. Parker Registrar.	(Signed) Mary Johnson M.D. (Address) E. J. M. arket

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MUMEAU V. 6			
Other contributory causes of importance:		Other contributory causes of importance:	-X-E-13
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIN

FOR

RESERVED

MARGIN

V. S. No. 1

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certificate.

See instructions on back of

ION is very important.

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH Dorchester			107401	A
Village or City Hurlock Length of residence in city or town where	(out-s	(If	No	ward ward
2. FULL NAME Vanie (a) Residence: No. Hurl	E. Cepha ock, Md. (Usual place o	R.F.D.	St., Ward. If nonresident give city or town and	l State
PERSONAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Female Colored	5. SINGLE, MARR OR DIVORCED	IED, WIDOWED, (write the word)	21. DATE OF DEATH Laft. 14	, 193 37 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Eben	Cephas		22. JI HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 6.8 IO	Aprile.	If LESS than 1 day,hrs.	to have occurred on the data stated above, at 12,0m. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation month and it year)	House		Other Contributory Causes of importance:	2/10/37
(State or country)	coline Co	Md.	aut Myrenditio	1/20/37
14. BIRTHPLACE (city or town) (State or country)	caroline		Name of operationOate ofWas there an	
	y Ann Si roline C		23. If death was due to external causes (VIOLENCE) fill in also the followin Accident, suicide, or homicide? Oate of Injury Where did injury occur?	, 19
	en Cenha rlock, M	s, d. R.F.D	(Specify city or town, county and Sta Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PL	te) ACE.
18. BURIAL, CREMATION, OR REMOVAL Place I't Pleasant, r			Manner of injury	
19. UNOERTAKER Preston, (Address) Fedel	amptom & revision &	Son.	24. Was disease or injury In any way related to occupation of deceased?	01
20. FILEO 2/17 , 1937 CA	esner/o	Registrar.	(Signed) Payman of All	M. O.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	į.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		And the second s	

ADDITIONAL SPACE FOR FURTHER	STATEMENTS BY	PHYSICIAN
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BUNGEU Y.S.

OCCI PHYSICIANS BINDIN properly RESERVED may so that MARGIN ain efully d DEATH be plnods very OF CAUSE LION

PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (quite the word) 5a. If marriad, widowed or divorced HUSBAND of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than 3 1 dayhrs. or_ min. 8. Trede, profassion, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.... 10. Oeta deceasad last worked at 11. Total time (years) this occupation (month and spant In this occupation __ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) ... (State or country MOTHER 15. MAIOEN NAME 16, BIRTHPLACE (city or town)... (State or country 17. INFORMAN (Addrass) 18. BURIAL, CREMATION, OR REMOVAL 19. UNOERTAKER (Address)

Registrat

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 4.

Registration Dist. No. (If death occurred in a hospital or iostitution, give its NAME iostead of street and number) How long in U.S. If of foreign birth? If U. S. Veteran, specify WAR If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH That I attended deceased from The PRINCIPAL CAUSE OF DEATH end releted causas of Importance Name of operation What test confirmed diagnosis?_ ----- Was there an autopsy?__ 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?__ Where did injury occur?____ (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. Natura of injury. If so, specify (Signed)__

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	Example I	is	Example II	
The second secon	of death and related causes as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 4 1937	July 5,1927	Peritonitis	3 days ago
	SUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	1.
Gallstones		May 1,1923	Gastroenteritis	1 year
				x year

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS	BY	PHYSICIAN
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STATE OF	MARYL	AND-CE	RTIFICA'	TE OI	F DEATH
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1629

1. PLACE OF DEATH	_		160		
County Tozchest	en		Registration	Dist. No. // 0	
Village or City # www	lock	/10	No.	St.,	_Ward
Length of rasidance in city or town where d	leath occurredyr		death occurred in a hospital or institution, give its NAM. Low long in U.S. if of foreign birth?		
2. FULL NAME Wil	Pinn	./ -	If U. S. Veteran, specify WAR		
(a) Residence: No.		11.1.50.62	St. Ward.		
	(Usual place of abou		If nonresident	give city or town and State	
PERSONAL AND STATIST	1		MEDICAL CERTIFICATE	OF DEATH	
3. SEX A. COLOR OR RACE	5. SINGLE, MARRIED, OR DIVORCED (wri		21. DATE OF DEATH	(Day), 193	(ar)
5a. If marriad, widowad, or divorced HUSBAND of			Name of the second seco		
(or) WIFE of			22. I HEREBY CERTIF	Y. That I attended decease	ed from
6. DATE OF BIRTH (month, day, and year)	nay 11,19	7.36	I last saw h aliva on 2	19.3 % death	n is said
7. AGE Yaars Months	/	f LESS than	to have occurred on the date statad above, at 23	94m.	
1 2/9		ay,hrs. min.	The PRINCIPAL CAUSE OF DEATH and related caus were as follows:	, 4	
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Lakor (ne	monea	ofonset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc	9. Industry or business in which work was dona, as SILK MILL,				
10. Date deceased last workad at this occupation (month and yeer)	11. Total tima (ya spent in the occupation	his			
12. BIRTHPLACE (city or town) (State or country)	lock	·	Other Contributory Causes of Importance:		
1	6.	-			
13. NAME Junk in 14. BIRTHPLACE (city or town) (State or country)	of new m	asket	Nama of operation	Date of	
1	a my	1	What tast confirmed diagnosis?		?
	ceprus		23. If death was due to external causes (VIOL ENCE) fi		_
16. BIRTHPLACE (city or town)	alone.		Accident, suicida, or homicide?	Data of Injury, I	9
17. INFORMANT Arcanbly (Address)	Conacca	y Bethy		town, county and State) ME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	5 C		Manageration		
Place E. M. M. Camola,	Date Beb 11	/,1937	Mannar of injury		
19. UNDERTAKER Franklin Co	manay (Fea	etler)	24. Wes disaase or injury In any way related to occup	ation of daceased?	2
20. FILED 2/11/3.7, 19.	Suffer time	ر در	If so, specify (Signed)		M. D
75	blanks are model at 10	Registrar.	(Addrass)	p May	-
15 more	ownes are necaea, aadress	State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No.	I.	-

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11.4 MAK 6 1937			
Other contributory causes of importance:	The state of the s	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE

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MARGIN

infor

FATHER 14. BIRTHPLACE (city or to (State or country)

MOTHER 15. MAIOEN NAME 16. BIRTHPLACE (city or town). (State or country)

17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

24. Wes disease or injury in any way related to occupation of deceased? If so, specify

23. If deeth was due to external causes (VIOLENCE) fill in also the following:

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Accident, suicide, or homicide?.

Where did injury occur? ...

Menner of injury

Neture of injury

What test confirmed diegnosis? _____ Wes there en eutopsy? Western en eutopsy?

Oate of injury_____

(Specify city or town, county and State)

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Example I	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year 1	

STATE OF MARYL	AND-C	CERTIFICA	TE	OF	DE	HTA
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1631

1. PLACE OF DEATH	(121)	1.
County Duchester	Registration Dist. No. 11	6
Village or City Cambudge	NoSt.,	Ward
	f death occurred in a hospital or institution, give its NAME instead of street and isds. How long in U.S. If of foreign birth?yrsme	
(a) Residence: No. // Outplace of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE 05 DEATH /9	, 193.7(Yan)
5a. If merried, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended Threshar 20 1936 to Defense 19	deceased from
6. DATE OF BIRTH (month, day, end year)	I last saw h alive on	; death is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at \$m. The PRINCIPAL CAUSE OF DEATH and ralead causes of importance ware as follows:	1 Data of south
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	angula Delullation	1934 1934
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occurrence of the second in this	The hites Edema	1935
10. Date daceased last worked at this occupation (month and 1916 spent in this occupation 30	Other Coutributory Causes of importance:	-
12. BIRTHPLACE (city or town) Church Creek (State or country) Lon, Cu. He		* ***********
13. NAME alped Croper		-
13. NAME (Clfred Croper) 14. BIRTHPLACE (city of town) (State or country)	Neme of operation Dete of What tast confirmed diegnosis? Chinical Was there an a	
15. MAIDEN NAME anni Comper	23. If death was due to external causes (VIOL ENCE) fill in also tha following	g:
15. MAIDEN NAME Complete Control of Control	Accident, suicida, or homicide? Data of injury	, 19
17. INFORMANT Charles Cooper (Address) Any That	Where did injury occur?(Specify city or town, county and State Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL.	le) ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Detker Centrally Construction Date Feb 22, 1937	Mannar of injury	
19. UNDERTAKER) Y. M. St. Clause (Address) Cambridge Mr.	24. Was disease or injury in any way related to occupation of daceased?	
20. FILED 2-22, 1937 John mace 70.	(Signad) CANAL HONCLEN (Address) And Atala of	M. D.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAR 4 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
datistories	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 1632
1. PLACE OF DEATH,	
County Stickester WITHIN CORPORATEL	Registration Dist. No. 116
Village or City Candudge (If	No. 2 2 B mei 27 St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Insent Comist	If U. S. Veteran, specify WAR
(a) Residence: No. 22 & Aur	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
A male al single	(Month) (Dey) (Yeer)
5a of married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of	1972 to Oct / 19.32
6. DATE OF BIRTH (month, day, and year) 24 9 1937	I last saw h
7. AGE Years Months Oays If LESS than	to have occurred on the date stated ebove, at 11.5.4.m.
Idey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Teads profession or particular	Oate of onset 2-8-37
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(4 ms premiters)
A Table, profession, or particular, or particular with a construction of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end spent in this	
10. Date deceased last worked at this occupation (month end year) spent in this occupation	
Can Andre	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	
# 13. NAME Searce Christ	
E Y	Neme of operation Dete of Dete
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Seila Finkett	23. If death was due to external causes (VIOLENCE) fill In elso the following:
15. MAIOEN NAME Seile Gentlett 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?Date of Injury19
(State or country)	Where did injury occur?
17. INFORMANT Surge Carried	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 2 2 10 Fitting 18. BURIAL, CREMATION, OR REMOVAL	Manner of Inlust
Place Cauchridge Octo Feb. 8, 1937	Manner of injury
a 40 0	24. Wes disease or injury in any way releted to occupetion of deceased?
19. UNOERTAKER Veral 7, Cornect (Address) 12.2 MR nuin 37.	If so, specify
2 2 2 2 1 . (2)	(Signed) Carrie Arstelin M. D.
20, FILED 199 1 Nace Registrary	(Address) am tale of

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioscleronis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral homorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 ucar

ADDITIONALASP	ACE FOR FURTHER STATEM	ENTS BY PHYSICIAN	. 5
To authorization to	change sex &	el Form filed	under
St. Clair. 4/27/37.			
0 17		U U	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
E C - U V. 3.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	820
County Vacates	Registration Dist. No.
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. 7 ds. How long in U.S. If of foreign birth? yrs. mos. ds.
Length of residence in city or lown where death occurredyrs,mos	Town long in 0.0.11 or foreign birthing
2. FULL NAME	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIYORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h seem alive on Set 17 , 1937; deeth is seld
7. AGE Yaars Months Deys If LESS than	to have occurred on the dete stated above, atm.
6 6 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance ware as follows:
8. Trade, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) vear) 11. Total time (years) spent in this occupation occupation.	Cerebral Apaplexy 2-17
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance: Severally actors selanous?
13. NAME net trans	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Churum Was there an aulopsy?
15. MAIDEN NAME HAND KANDE	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT AN South (Addrass) James me	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date 127	Manner of Injury
19. UNDERTAKER 45 LC 15 LC 19 March 19. UNDERTAKER (Address)	24. Was disease or injury In any way related to occupation of decaesed? Les
20. FILED 2 - 70, 1937 John mace ne	(Signed) Carefully M. (Address) Carefully Med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
2 V 11 V 2				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	a l	6 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(97)
County Alechester	Registration Dist. No. 16
Village or City Comber 1940	No Lostern there that Hocketing
Landb of saidens la city as household of the	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	os2)ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME CLEBA W. Hours	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of Abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Terrale White OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divoced HUSBAND of	1
(or) WIFE of Theodore Davis'	P. I HEREBY CERTIFY. That I attended deceased from
5. DATE OF BIRTH (month, day, and year) January 20-1869	/ last saw h. Is allve on telegramy 5 Dig 37 : death is se
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at //. A. A. m.
/ Ø \ \ 1 day,hr	S. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows: Date of one
kind of work done, as SPINNER, Asusewark.	Froly alarker Doctor spea abo
9. Industry or business in which	19
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (months and	
year) March 1 - 1 7 36 occupation 1 - 1	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) While the state of the stat	
(State or country) maryland	
13. NAME Educard White	
14. BIRTHPLACE (city or town) White	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Mary Burling 16. BIRTHPLACE (city or town) 2 Children or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) White	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify of the orders occurs occurs occurs)
17. INFORMAN Coaling State of 1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
	Nature of injury
Ptace Date 193	Matore Ci migry
olies al	
19. UNDERTAKER Siel * Johnson Med	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER Tice & Johnson	

V. S. No. 1

mation should be carefully supplied.

WRITE PLANKY,

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

RECORD. Every item of infor-

WITH UNFADING INK-THIS IS A PERMANENT

AGE should be

MARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run aver by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritanitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastraenteritis	1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Xuly5,1927	Perilonitis	3 days ago
The same of the sa			
	11		
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		h	
147			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	637
1. PLACE OF DEATH	100	
County Norchesler	Registration Dist. No. ///	
Village or City Call new Market	No. St., death occurred in a horpital or institution, give its NAME instead of street and nu	Ward
Length of residence in city or town where deeth occurredyrsmos.		
2. FULL NAME Charles W Den	ly	
(a) Residence: No. 6 at Most Workert (Usual place of abode)	St., My Ward. If nonresident give city or town and S	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORGED (write the word)	21. DATE OF DEATH	193 7
5a. If merried, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended da	ceased from
4.1 (10-2	1-28 ,1937, to 2-2	19.3.7.
6. DATE OF BIRTH (month, day, and year) 160. 25, 1933	I last saw h alive on / - 2-1, 193-7;	death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, etm.	
Jyn 1933 100 25 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Dalf of enset
6. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Freumonia	Minon
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	(Groully)	
1D. Date deceased last worked at this occupetion (month and spant in this	The bronce of new money a Crush. There was no nessociated disease. Autation of	
12. BIRTHPLACE (city or town) Coast Ven Mark of Just	Other Contributory Causes of Importance: ten days, ascording to 1	
(State or county)		
13. NAME 13. NAME		
14. BIRTHPLACE (city or town). WAG (State or country)	Neme of operation Date of	
15. MAIDEN NAME Laure Metales	What test confirmed diagnosis? Was there en au' 23. If death was due to external causes (VIOLENCE) fill in also the following:	opsy?
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury	, 19
Country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address) 2. p. market	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, DR REMDVAL	Menner of Injury	
Place at you lawful Dete Feb 3, 19.3	Neture of Injury	
19. UNDERTAKER 16 Wellength	24. Was disease or injury in any way related to occupation of daceased?	
(Address) East ven maffe XI ma	If so, specify	
20 FILED FLA3, 1937 - HUE, Parker	(Signed)	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis **	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

County Village or Gity Village	1. PLACE OF DEATH	1/0 -		108	
Langth of residence in city or town where death occurred of the most of the second of the policy of the second of	County Note	. 60		Registration Dist. No.	LIL
Langth of residence in city or town where death occurred of the common services of the comm	Village or City	Keev mar	ket		
2. FULL NAME (a) Residence: No. (Unal)see of abode St. Ward. (I) Monreident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED furite the world OR DIVORCED furite the world Sa. II merriad, widowad, or divorced (GO)-Male of Color or or divorced (GO)-Male of Color or o		1.5		death occurred in a hospital or institution, give its NAME instead of street	et and number)
(a) Residence: No	Length of residence in city or tow	in where death occurred	1). 1.		
Personal and State Persona	2. FULL NAME	ver IInh	DOCKU	If U. S. Veteran, specify WAR.	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OS. DIVINEED furnite the world OS. DIVINEED furnite the world OS. HI married, widewad, or divorced (oc) - MAFE-61 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, profassion, or particular 8. Trade, profassion, or particular 9. AGE 8. Trade, profassion, or particular 10. AGE 10. AGE 11. Trade in the particular and related causes of importances 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKE	(a) Residence: No.	New Mar	Ket	St., Ward.	
3. SEX 4. COLOR OR RACE OR DIVORED (windth word) OR DIVORED (windth word) OR DIVORED (windth word) 5. If married, widowed, or divorced HUSBANO or (GA)-NASE-OF—PLAN (Word) AND AND OR COLOR OR THE PRINCIPLE CAUSE OF DEATH and relate causes of importance ware get follow: 8. Trade, profassion, or particular is the provided of the profit	PERSONAL AND CT				-
Sa. It married, widowed, or divorced HUSBAN or divo					10
59. If married, widowed, or givorced HUSBANO, or gi	34 - C - C - C		(write the word)	2 4	193 7
6. DATE OF BIRTH (month, day, and year) 7. AGE 7. A	THE COLL	me + wea	-ourer	(Month) (Day)	(Year)
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months Jays If LESS than 1 day, hrs. 1 day hrs. 1 day.	HUSBANO of	1 10-6:		22. I HEREBY CERTIFY, That I at	lended daceased from
7. AGE Years Months Jays If LESS than I day,hrs. ormin. 8. Trade, profession, or particular Kind of work done as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which YAW WILL, BANKEPER, etc. 9. Industry or business in which YAW WILL, BANKEPER, etc. 9. Industry or business in which YAW WILL, BANKEPER, etc. 9. Industry or business in which YAW WILL, BANKEPER, etc. 9. Industry or business in which YAW WILL, BANKEPER, etc. 9. Industry or business in which YAW WILL, BANKEPER, etc. 9. Industry or business in which YAW WILL, BANKEPER, etc. 9. Industry or business in which YAW WILL, BANKEPER, etc. 9. Industry or business in which YAW WILL, BANKEPER, etc. 9. Industry or business in which YAW WILL, BANKEPER, etc. 9. Industry or business in which YAW WILL, BANKEPER, etc. 9. Industry or business in which YAW WILL, BANKEPER, etc. 9. Industry or business in which YAW WILL, BANKEPER, etc. 9. Industry or business in which YAW WILL, BANKEPER, etc. 9. Industry or business in which YAW WILL, BANKEPER, etc. 9. Industry or business in which YAW WILL, BANKEPER, etc. 9. Industry or business in which YAW WILL, BANKEPER, etc. 9. Industry or business in which YAW WILL, BANKEPER, etc. 12. BIRTHPLACE (city or town) YAW Will, BANKEPER, etc. 13. NAME YAW WILL, BANKEPER, etc. 14. BIRTHPLACE (city or town) YAW Will, BANKEPER, etc. 15. MAIDEN NAME YAW WILL, BANKEPER, etc. 16. BIRTHPLACE (city or town) YAW Was diseased or injury in any way related to occupation of dacasaad? 17. INFORMANT YAW WAS diseased or injury in any way related to occupation of dacasaad? 18. BURIAL, CREMATION, OR REMOVAL Place YAW Silvers or injury in any way related to occupation of dacasaad? 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of dacasaad?	with lear	e wocke	us	1/31/37,19 ,10 2/ ×	19.3
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18. BURIAL, CREMATION, OR REMOVAL Place Luw Worker Data Feb 7 , 19 37 Neture of injury 19. UNDERTAKER . M. M. Clark 24. Was disease or injury in any way related to occupation of dacasad?	Le De	au boock		(Specify city or town, county a	and State)
18. BURIAL, CREMATION, OR REMOVAL Place Lew Market Data Feb 7 , 19 37 Neture of injury 19. UNDERTAKER T. M. A. Clark 24. Was disease or injury in any way related to occupation of daceased?		rarket	<u>~~~</u>	spearly michief majory condition in the service, in the me, or in the service	LIO I ENOE.
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10. OHOLIN AND AND AND AND AND AND AND AND AND AN	10 HADEDTAKED AM	IX Coal 4	_	24. Was disease or injury in any way related to occupation of dacases	ad?
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Signed Stade (Signed) STAGER MARINE, MA	m rurn 2 1 44 27	H-8 100	le in	4 19-001-m . D.	20 M.D.
20. FILED (Address) To colored ma	20. FILED. 2. 4		Registrar.	(Address) do caleloca 1	md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of emilepsy	1 weck ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:	M 1 1020	Other contributory causes of importance:		
Outstones	May 1,1923	Gastroenterius	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH of infor-OCCUPA. 1. PLACE OF DEATH should Village or City of (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? vrs. Length of residence in city or town where death occurred. statement PHYSICIAN 2. FULL NAME If U. S. Veteran, specify WAR__ ORD. (a) Residence: No. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) classified. 5a. If married, widowed_or divorcad HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months Days If LESS than to have occurred on the date stated above, attal. 42 I dey,hrs. or min. were as follows: 8. Trade, profession, or perticular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. may 9, industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.... 11. Total tima (yaars) 10. Date deceased last worked at this occupation (month end spant in this that occupation_ Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) HER 13. NAME FAT 14. BIRTHPLACE (city or town) Name of operation____ plain (State or country) efully What test confirmed diegnosis? Was there an autopsy?. MOTHER 15. MAIDEN NAME OF DEATH 16. BIRTHPLACE (city or town) (State or country) Whare did injury occur?.... 17. INFORMANT pluods (Addrass) 18. BURIAL, CREMATION, OR Manner of Injury AUSE Nature of injury_ 24. Was disaase or imury it 19. UNDERTAKER (Address) if so, specify (Signed) Regis

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Registration Dist. No. If nonresident give city or town and State

Date of onset

TIEY. Thet I attended deceased from

The PRINCIPAL CAUSE OF DEATH and related causes of importance

23. If death was due to external causes (VIOLENCE) fill in also the following:

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

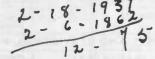
Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.



In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related of importance were as follows:	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 4 18	7 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	day or a mark to	Other contributory causes of importance:	11 A SH
Gallstones	May 1,1923	Gastroenteritis	1 year
			1 .

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH infor-OCCUPA 1. PLACE OF DEATH Registration Dist. No. JO (If death occurred in a hospital or institution, give its NAME instead of attest and no How long in U.S. If of foreign birth? Length of residence in city or town where deeth occurred If U. S. Veteran, specify WAR (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF BEATH OR DIVORCED (write the word) 5e. If married, widowed, or divorced HUSBAND of CER (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Months Days If LESS then to have occurred on the date steted above, et . 1 day- hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance or min. Oate of onset 8. Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which may back work was done, as SILK MILL, SAW MILL, BANK, etc.____ 10. Dete deceased lest worked at 11. Total time (yeers)
spent in this this occupation (month and that occupetion _. instructions 12. BIRTHPLACE (city or town) (Stete or country) FATHER I3. NAME 14. BIRTHPLACE (city or town). Neme of operation ... lain (Stete or country carefully Whet test confirmed diegnosis? Was there en autopsy? p MOTHER 15. MAIOEN NAME 23. If deeth was due to external causes (VIOLENCE) fill in also the following: in Accident, suicide, or homicide?______ Dete of injury______ 19_. OF DEATH 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur?____ pe (Specify city or town, county and State) exity whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. plnoy (Address 18. BURIAL, CREMATION, OR REMOVA CAUSE LION Nature of Injury. 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. If inpre blanks are needed, address State Register, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Combacl homorphase	1921	Run over by street car	1 week ago
Cereorat nemorrnage	July 5, 1927	Peritonitis	3 days ago
BUFFAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. mation should be carefully supplied. TION is very important.

MARGIN RESERVED FOR BINDING

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1	. PLACE OF DEAT	ГН	Po.		(%)		
	CountyDorch	ester	** L C.		Registration	Dist. No.116	
	Village or City Ca	ambridge			No. Washington St. Ext.	St.,	Ward
	Length of residence In cit			(If	death occurred in a horpital or institution, give its NAMds. How long in U.S. if of foreign birth?	IE instead of street and	number) nosds.
2	. FULL NAME	Infant E	nnals				
	(a) Residence: No	Washingt	On St. E (Usual place		St., Ward. If nonresiden	nt give city or town an	d Stale
	PERSONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICAT	E OF DEATH	
3. :	ale	ol.		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH February (Month)	22 (Day)	7 (Year)
5a.	If married, widowed, or divo HUSBAND of (or) WIFE of	rced			22. I HEREBY CERTIF stillbyrn 19 ,to	Y, That I ettended	I deceased from
6.	DATE OF BIRTH (month, day	and vest) F	eb. 22.	1937	l last saw halive on		
-	AGE Years stillborn	Months	Days	If LESS than I day,hrs.	to have occurred on the date steted above, at The PRINCIPAL CAUSE OF DEATH and related cau were as follows:		
NO	8. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE	as SPINNER,			stillborn (2 months miscarrie	age)	Date of enset 2-22-37
OCCUPATION	9. Industry or business in work was done, as S SAW MILL, BANK, e	which					
Ö	10. Date deceased last wor this occupation (more year)	ith end	sper	ime (years) nt in this upation			
12.	BIRTHPLACE (city or town). (State or country)	Ca	mbridge Md.		Other Contributory Causes of importance:		
ER	13. NAME John	Bunch					
FATHER	14. BIRTHPLACE (city or to (State or country)	wn)Va			Name of operationWhat test confirmed diagnosis?	Date of	
ER	15. MAIDEN NAME	Alene En	nals		23. If death was due to external causes (VIOLENCE)		
MOTHER	16. BIRTHPLACE (city or to (State or country)		kwood Ma		Accident, suicide, or homicide?		
17.	INFORMANT Alene (Address) Washin	Ennals.		d Camb. Mo	(Specify city of Specify whether injury occurred in INDUSTRY, In H		LACE.
18.	BURIAL, CREMATION, OR R	EMOVAL			Manner of injury		
_	Place Cambridge	e,Md	Date Feb.	-22, 19-37	Nature of injury		
19.	UNDERTAKER John (Address) Camb	Bunch (foridge, N		•••••••••••	24. Was disease or injury in any way related to occu	4	
20.	FILED 2 - 22	9 37 Jo	hn Mace.	Jr. Registrar.	(Signed) Cambridge.		M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	A	A	1	ĺ	Į	17	7	3					((-	ĺ	Į]	,	Š		6	1	(١	1		1	I	H	E	1	,		ŀ	ŀ]				Y]	3	3	E]	į	S		I	1	1	1	1	L	ŀ	I	V	1	3	1	ľ	."]	7	A	1		ľ	1	5	S	S	4			Ł	3	h	ŀ	ij	Š	3	I	l	ì	1	[,	1		3	Į	J	J	Į	1	P	P	ŀ			Č	R	I)	J		(((1	P	ľ	•	4	3	ŀ	ŀ	ŀ	ŀ	ŀ	J	ļ	J	J	J	J	J	J	J	ļ	J	ļ	J	J	ļ	J	J]					4	Ē,	9
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Registrar.

(Day)

(Yeer)

Date of onset

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Example I	4	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR W. B.			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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County Derchester	166
- 1d-ada - mad	Registration Dist. No.
Village or City.	No. St., War f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred 2 yrs	sds. How long in U.S. If of foreign birth?yrsmosd
2. FULL NAME John D. Cuerker	L m
(/ // 0 0	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR ON RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male White OR DIVORCED (write the ward)	J. G. 193
e. If married, widowed, or divorced	(Month) (Dey) (Yeer)
HUSBAND of 6. Eller Ease Thent	22. I HEREBY CERTIFY, That I attended decessed fro
9/6/1858	i last sew h. A alive on 27% death is se
DATE OF BIRTH (month, day, end yeer) AGE Years Months Oeys If LESS than	to have occurred on the dete stated above, at
78 6 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted courses of importance
ormin.	were as follows:
8. Trada, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Solor Primmind
SAWYER, BOOKKEEPER, etc.	- POUT I MANAGE
9. Industry or business In which work wes dona, as SILK MILL, SAW MILL, BANK, etc	***************************************
10. Oate deceased last worked at 2/2 11. Total time (yeers)	-
this occupation (month and) spent in this occupation	
Balto	Other Contributory Canses of importence:
12. BIRTHPLACE (city or town) (Stata or country)	-
	-
13. NAME Least Least Land 14. BIRTHPLACE (city or town)	The state of the s
(Stete or country)	Neme of operation Dete of
	What test confirmed diagnosis?
15. MAIDEN NAME Come Come Land	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Comma Command	Accident, suicide, or homicide?
(Steta or country)	Where dld injury occur? (Specify city or town, county and State)
17. INFORMANT TO free of accordant	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL Nel 3/28 37	Manner of Injury
Plece Date 708 1537	Nature of Injury
19. UNDERTAKER SEE TO THE	24. Was disease or injury in any way releted to occupetion of decessed? 770
(Address)	If so, specify
20. FILED 2- 27, 195/ 2 John mace Je	(Signed) Carring M.
Registral.	(Address)

PHYSICIANS should state Exact statement of OCCUPA. RECORD. Every item of inforstated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be properly TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. B. WRITE PLA

V. S. No.

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Example I	ii ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR ± 1937	July 5,1927	Peritonitis	3 days ago
BURNALL V. S.			
Other contributory causes of importance:	17 - 313	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

TION is very important.

-WRITE

V. S. No. 1 N. B.

1. PLACE OF DEATH	
County Pelester	Registration Dist. No. 115
Village or City Cambridge	Nostern Shore State Ast, ah . Ward
Length of residence in city or town where death occurred/_8_yrs/mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Ella a. Feebley	A STATE OF THE PARTY OF THE PAR
£00-A	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (prite the word)	21. DATE OF DEATH Pelermany / attl 1937 (Month) (Day) (lear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. /) HEREBY CERTLEY. That I attended deceased from
0 10/0/	afaril 300, 1930, to tel 1374, 1937
6. DATE OF BIRTH (month, day, and year) December 2 - 86 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at G. JDD Pm.
/ day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Erebralarteriosclerosis 334
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased jast worked at this peculiaring (months and	The state of the s
SAW MILL, BANK, etc	/
this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Centributory Causes of importance:
13. NAME Voger) Felfley 14. BIRTHPLACE (city or town) The land	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Life lands	23. If death was due to external causes (VIOL ENCE) fill In also the following:
(State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANCE Stern Shore State Hoofe Bear	Where did injury occur? (Specify city or town, county and State) Sescify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Gandwitte - Mid. 18. BURIAL, CREMATION, OR REMOVAL	
Place Calholic Genetry ellen 2/16, 1937	Manner of Injury
19. UNDERTAKER TV. Dr. Piffin of Son live (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 2-16, 37 Julie mace s	(Signed) DATE AND M.D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAD A some	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RICHTIV.S.	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

- 4	130	-0	po	
	1.	13	6	ě.
1	U	7	4	7

1. PLACE OF DEATH	(37)
County	Registration Dist. No.
Village or City	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
17-	ds. How long in U.S. if of foreign birth?
2 Fill Many Thomas Leonard Fast	W U. S. Veteran, specify WAR
2. FOLL NAME Craps me	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH
, , coccar;	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of Corp. WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
(or) with or	19. 2 717 M , 19. 27 , to - , 19.
6. DATE OF BIRTH (month, dey, end yeer)	I last saw h elive on 7/17-1937
7. AGE Years Months Deys If LESS then	to heve occurred on the dete stated above, at
82 4 Jay,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were es follows:
Trade profession or perticular	Mark the second of the second second is the second
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	trype (motall with retention
9 Industry or business In which work wes done, es SILK MILL,	/ /
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	
this occupation (month end spent in this cyear) occupation	
Crapo	Other Contributory Causes of Importance:
12, BIRTHPLACE (city or town) (State or country)	went rearra
30 7 7	
L IS. NAINE	- James
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Neme of operation
(State of country)	Whet test confirmed diegnosis? Was there en eutopsy?
15. MAIDEN NAME May U. Fage	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Stete or country)	Where dld Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
PleceDete	- Neture of injury
19. UNDERTAKER 95 La Campla	24. Wes disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20 FUED Fieb 27 1937 Apris H. J. Cusick	(Signed) Tuyblill M.D.
20. FILEDOJAV 1., 1971 HAVA II Y CHILLIAN Registrar.	(Address) Cumulya MM.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be roturned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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MAR 4 V. O.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
- Contraction of the Contraction				
			1000	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

4

1. PLACE OF DEATH	F MARYLAND-	-CERTIFICATE OF DEATH
County Darke	WITHIN CORPO	RATE LIMITS OF Registration Dist, No. //6
Village or City	ridge mel	No. St Was
Length of residence in city or town where de	eath occurred 8 yrs mo	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAMEMAN	I & Adams	700
(a) Residence: No. 1065 77.	End and	If U. S. Veteran, specify WAR
(a) Residence. No.	(Usual place of abode)	St.; Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOB OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowad, or divorced HUSBAND of	BH	(Month) (Day) (Yeer)
(or) WIFE of	- Tracedy	E O THE TENEDED ACCESSED IN
6. DATE OF BIRTH (month, day, and year)	861	1 last saw h w alive on Feb 22 7 173 , 19 37; deeth is sa
7. AGE Yaars Months	Days If LESS than	to have occurred on the date stated ebove, at
	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	none	Congry Occhision Chromboris) Bate of onse
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	~	Hyperattle Cardia - Varendar renof ling Unly
10. Data deceased last worked at this occupation (month and year)	11. Total time (yaars)	
10	occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	4	
13. NAME Willes	Junees Hu	rlock
13. NAME 14. BIRTHPLACE (city or town)	for In	Name of operation
(Stata of country)	Terror FI	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	men	23. If deeth was dua to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury19
(Stata or country)		Where did injury occur?
17. INFORMANT (Address)	- mal	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Date 7/24 37	Manner of Injury
19. UNDERTAKER G. S. L. Co. (Address)	wete /	Nature of injury 24. Wes disease or injury in any way related to occupation of deceased? NO
20. FILED 2 - 24, 1931	hu mace p	(Signed) tide O. meralith M. (Address) & ambridge hay land
If more bl.	V	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

1. PLACE OF DEATH		93-0	
County		Registration Di	st. No. 114
Village or City Length of residence in city or town where death occur		No. f death occurred in a hospital or institution, give its NAME i	
01m 011	yrsmos	sds. How long in U.S. II of foreign birth?	yrsds.
2. FULL NAME (a) Residence: No.	me	If U. S. Veteran, specify WAR St., Ward.	
PERSONAL AND STATISTICAL	sualplace of abode)	MEDICAL CERTIFICATE (e city or town and State
S. SEX 4. COLOR OR RACE 5. SING	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH	DF DEATH
male White	telement	(Month)	(Day) (Year)
HUSBAND of (or) WIFE of	ytem	1 HEREBY CERTIEY	That I attended deceased from
5. DATE OF BIRTH (month, day, end year)	9/1860	1 last sew harma alive on £6 24	, 19.5.7.; death is said
	Days If LESS than I day,hrs.		P.M.
76 "	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes were as follows:	of importance
8 Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.		Chroner Meyo- ca	white Kaken
SAWYER, BOOKKEEPER, etc.		trutekeplatis	£630.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	-		
	1. Total time (years)		
andre	<u>_</u>	Offer Contributory Causes of Importance:	a. E
12. BIRTHPLACE (city or town) (State or country)	me	orginity	
13. NAME Levi The	e-		
Q = d	4	Name at a service	D.1 /
(State or country)	mad		Date of
15. MAIDEN NAME annua Id	eshe.		Wes there an autopsy?
15. MAIDEN NAME CONTROL SCALE	. 4	23. If death was due to external causes (VIOL ENCE) fill in	
16. BIRTHPLACE (city or town) (State or country)	med	Accident, sulcide, or homicide? Dat	e or injury, 19
m nost s/	8.	Where did Injury occur? (Specify city or to	wn, county and State)
7. INFORMANT (Address)	O me	Specify whether injury occurred in INDUSTRY, in HOME	, or in Public PLACE.
8. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place Cadreas Mal Date	3/27 137	Nature of Injury	
9. UNDERTAKER SSLC	pte	24. Was disease or injury In any way related to occupation	on ol deceased?
(Address)	e - med	If so, specify	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Man V			
Other contributory causes of importance:	ē.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The great tell in your meaning of the con-			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

4 81 405 05 550	IAIL O	I MAIN	LAND	CERTIFICATE OF BEATTI	1648	
1. PLACE OF DEAT		- mr.	CORPORATE	LIMITS OF	6	
County DOR			COBPORKI	registration Dist. No Li.	0	
Village or City C		-	yrs. O mos	No. MARYLAND AVE. EXT. St., f death occurred in a horpital or institution, give its NAME instead of street and s	Ward number) mosds.	
2. FULL NAME S (a) Residence: No. M			EXT.	If U. S. Veteran, specify WAR	nd State	
PERSONAL AN	D STATISTIC	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH		
? WH	ITE	5. SINGLE, MARR OR DIVORCED 3 /N G	(write the word)	21. DATE OF DEATH FEBRUARY 22. (Month) (Day)	, 193 3 7 (Yaar)	
5a. If married, widowed, or divol HUSBANO of	read NO			22. I HEREBY CERTIFY, That I attende	d deceased from	
(or) WIFE of						
6. DATE OF BIRTH (month, day	and year) FEBR	LARY 22	1937	I last saw h, 19, 19, 19		
7. AGE Years	Months	Oeys	If LESS than	to have occurred on the data stated above, at		
6	8	0	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were as follows:		
8. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE	es SPINNER, PER, etc		1 01 - SE - IIIIII	PREMATURITY	Date of onset	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				(FETUS 7 cm/LENGTH)		
year)	CAMB	RIDGE	pation	Other Contributory Causes of Importence:		
(State or country)	DORC	ALES TER	2,			
出 13. NAME JOHル	S. H	LRLEY				
13. NAME JOH W 14. BIRTHPLACE (city or to (State or country)	wn) Dor	CHESTE	e.	Nama of operation Dete of What test confirmed diagnosis? Was there ex	n autopsy? 🔑 o	
15. MAIDEN NAME © 6 16. BIRTHPLACE (city or to (State or country)	wn)	ENNIS HESTER		23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Dete of injury Where did injury occur?	ing: , 19	
17. INFORMANT Cara Sturley (Address) Cambridge				(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR R	EMOVAL !	fortal le	our	Mannar of Injury		
19. UNOERTAKER (Address)	vhu :	1. Hur	lay tes	24. Was disease or Injury in any way related to occupation of deceased?		
20. FILEO 2 - 2 3	3) 0/2	hu m	ac Registra	(Signad) Cambridge La	M. D.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MADVI AND CEPTIFICATE OF DEATH

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:				
Other contributory causes of importance.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH WITHIN CORPORATE LIMITS OF Registration Dist. No. If U. S. Veteran, specify WAR______NO____

County Dorchester Village or City Cambridge, Md. No. X St.,
(If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residence in city or town whara daath occurred 5 yrs ____mos. ___ds. How long in U.S. If of foreign birth? ____yrs ___mos. ____ds. 2. FULL NAME John A. Hurley. (a) Residence: No. 408 Springfield Ave.. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) February White Male arried. 5a. If marriad, widowad, or divorcad Prudie Elliott. HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of FEBRUARY 9 1937 to FEBRUARY 9 1937 T2/20/1956 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 80 or min. BRONCHOPNEUMONIA 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc..... OCCUPATION Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years) 工道 10. Data decaasad last worked at this occupation (month and occupation __ Other Contributory Causes of importance: Drawbridge. Md. 12. BIRTHPLACE (city or town) ___ HYPERTENSIVE CARDIOVASCULAR (Stata or country) Alfred Hurley. FATHER 13. NAME 14. BIRTHPLACE (city or town) Drawbridge, Nama of operation _____ Data of _____ (Stata or country) Horseman 15. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide? ______ Date of Injury _____ 19. 16. BIRTHPLACE (city or town). (State or country) Where did Injury occur?_____ (Specify city or town, county and State) Mr. Marcellus Hurley. Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Addrass) 18. BURIAL, CREMATION, DR REMOVAL LeCompte 24. Was disease or injury in any wey related to occupation of deceased? 19. UNDERTAKER ____ (Addrass) If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 4 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

No.

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PHYSId. Exact

	PLACE OF DEATH CountyDorchester	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. 112
Vil	lage or City Cambridge, R.D. (Nid. Below C	tion, give its NAME is
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	4 COLOR OR RACE SINGLE. MARRIED, Married. WIDOWED, Married. OR DIVORCED (Write the word)	February 21st. 193792 (Month) (Day) (Year)
6 ((Month) (Day) (Year)	HEREBY CERTIFY, That I attended the deceased from Feb., 20th., 1937 Feb., 20th., 1937 that I last saw h im alive on Feb., 20th., 193792
	MGE If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
POB	a) Trade, profession or Sawyers sarticular kind of work b) General nature of industry susiness, or establishment in which employed or (employer)	Contributory Arterio-sclerosis, cold, Secondary exposure, wrong food. (Duration) yrs. mos 1 ds
PARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	(Signed) (Si
14	(Informant) (Address) Filed Flb 2 1937 Elizabeth M. beatle	Where was disease contracted, if not at place of dea.h? Former or usual residence

If more blanks are needed, address Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tired 6 Jyrs). en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed g. ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At, home. Care should be taken household only (net paid Housekeepers who receive a whatever, write None. to report 10 For many occupations a especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-At Home, and children, not gainfully emwithout more precise specification as Day specifically the occupations of persons en-For persons who have no occupation single word or term on (6) material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEACH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhold fever (never report "Typhold Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping cough; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease valvular heart disease; etc. The Nomenclature contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

MON is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	CERTIFICATE OF	DEATH 1651	
1. PLACE OF DEATH		995		
County Dorchester	~ ~	F	Registration Dist. No. 10	
Village or City	kal 1370.	NoNo	St. Ward	
Length of residence in city or town where deet	to occurred 3 vrs mos	death occurred in a hospital or institution, a	give its NAME instead of street and number) ign birth?	
2. FULL NAME Henry	I trake			
(a) Residence: No.	J. Jugara	St Ward.	ITY WAR	
(a) Residence. No.	(Usual place of abode)		If nonresident give city or town and State	
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OF RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word)	21. DATE OF DEATH	20 102 7	
5e. If merried, widowed, or divorced	Perdoroce	. (Mo	onth) (Day) (Year)	
HUSBAND of (or) WIFE of Sallie Dackson			ERTIFY. That I attended deceased from	
S DATE OF BURY (ov. 9 1859	Hest saw harmalive on Fell		
6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Years Months	Deys If LESS then	to heve occurred on the dete stated ebo	, 19.3.7; death is saft	
78 3	/ 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and		
1 & Trade profession or perticular	/	Clail mot	andilas Date of onest	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date decessed lest worked at this occupation (month end this progration (month end this progration).				
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.		V		
SAW MILL, BANK, etc	11. Totel time (years)			
this occupation (month end year)	spent in this occupetion			
12 DIDTUDI ACT (altuer town)	1	Other Contributory Causes of importence	e:	
12. BIRTHPLACE (city or town) (Stete or country)				
13. NAME Samuel to	reksou			
14. BIRTHPLACE (city or town)	I.	Neme of operation	Date of	
(State of country)	2		Wes there en eutopsy?	
15. MAIDEN NAME Delila 13	radley	23. If deeth was due to externel causes (\		
15. MAIDEN NAME Delila Brailey 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?	Date of Injury	
(State or country)		Where did injury occur?		
17. INFORMANT Lilis Sextenses (Address) Rhodisdule Mil		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Uther and Date Feb 23, 1937		Menner of Injury		
		Nature of injury		
19. UNDERTAKER It. D. of Fravenor 41000		24. Wes diseese or injury In eny wey rele	eted to occupation of deceased?	
	our ma	If so, specify)	
411 41 ///	1.0	1 101 11 11 11 11 11 11 11		

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Tuck

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago TARTART W/ C Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroentcritis May 1.1923 1 year

ADDITIONAL SPACE FOR FURTHER STATEM	ENTS BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 1652			
1. PLACE OF DEATH	(Tab)			
County Dorchester	Registration Dist. No. 116			
Village or City Cambridge 767# 3	No. St., Ward			
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?			
2. FULL NAME Sadal Garleson	If U. S. Veteran, specify WAR			
(a) Residence: No. Camberdal R. & a	LsB Ward.			
(Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 19			
fa. If married, widowed, or divorced 11 - 00 - 1 Racel	(Month) (Day) (Yeer)			
HUSBAND of Cor WIFE of Jackson	22. HEREBY CERTIFY, That I attended decessed from			
6. DATE OF BIRTH (month, day, and year) Lec 2-4 1882	I last saw h 2 alive on 3/19 1957 : deeth is said			
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7: 1. m.			
55- 1 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:			
8. Trede, profession, or particular kind of work done, es SPINNER, House Malk	July Primaris			
kind of work done, es SPINNER, HOUSE MOUNT SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed lest worked et 2 11. Totel time (years) 35 this occupation (month and spent in this seent in this countries) of month and 2 11. Totel time (years) 35 this occupation (month and spent in this spen				
SAW MILL, BANK, etc.				
10. Date decessed lest worked et 2 47-17 11. Totel time (years) 35-19 year) occupation				
12. BIRTHPLACE (city or town). Camberidal nd	Other Contributory Causes of importance:			
(State or country)				
II 13. NAME Damil Strels				
13. NAME Dame Styles 14. BIRTHPLACE (city or town)	Name of operation			
(State or country)	What test confirmed diegnosis?			
15. MAIDEN NAME Way 13 arlens 16. BIRTHPLACE (city or town) Church Clelk (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:			
5 16. BIRTHPLACE (city or town) Church Clelk	Accident, suicide, or homicide?			
S (State or country)	Where did injury occur? (Specify city or town, county and State)			
17. INFORMANT CAMES Lackes and	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury			
Place Canblidge nd Date fell 29,1947	Nature of injury			
19. UNDERTAKER Lluing H Barmey	24. Was disease or injury in any way related to occupation of deceased? W			
(Address) Camblidge gra	If so, specify			
20. FILED 2 - 20, 193 / John Wace Registrar.	(Signed) M. D. (Address) Country M. D.			
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilensu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 near

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

-	00	-	67)
1	6	C	E .)

1. PLACE OF DEATH	0 +	108	1.1
County ~ ~ ~ Ca	enester .	Market Registration Die	
7	(1	death occurred in a horpital or institution, give its NAME, in	
Length of residence in city or town where d	eeth occurred yrs 6 mos	ds. How long in U.S. if of foreign birth?	yrsds
2. FULL NAME Took	a Mean of	show	
(a) Residence: No.	(Usual place of abode)	St., Ward.	e city or town and State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE C	
3. SEX 0 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	. ~
7 13	OR DIVORCED (write the word)	(Month)	(Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		(month)	(Day) (1981)
(or) WIFE of		1 HEREBY CERTIFY	That attended deceased from
	1 1021	119 119 119 119	190/
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	fo have occurred on the date stated above, at 9	, 19 J. , death is said
6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and rejeted causes	,
8 Trade profession or particular	ormin.	were as follows:	Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			7
9. Industry or business in which			
work was done, as SILK MILL, SAW MILL, BANK, etc	L se Table - Comp		
this occupation (month end year)	11. Total time (years) spentin this occupation		
	rew market	Other Contributary Causes of Importance:	
f2. BfRTHPLACE (city or town) Cast 7 (Stafe or country)	maryland		
13. NAME CALLARY	In housen		
13. NAME Caward 14. BIRTHPLACE (city or town) Cast	Though Market	Name of operation	D-1
(State or country)	maruland	What fest confirmed diagnosis?	
15. MAIDEN NAME CLLA.	mae Aller	23. If deafh was due fo external causes (VIOL ENCE) fill li	
15. MAIDEN NAME 16. BIRTHPLACE (cify or fown) (State or country)	t new market	Accident, suicide, or homicide?Dai	
≤ (Sfate or country)	Maryland	Where did injury occur?	
17. INFORMANT alward	Johnson	(Specify city or too Specify whether Injury occurred in INDUSTRY, in HOME	wn, county and State) , or in PUBLIC PLACE.
(Address) E. n mag	ket.		
18. BURIAL, CREMATION, OR REMOVAL Place Cast New Mar	1+7,619	Manner of injury	
riace. Salar Production	Note 7-14, 17, 1937	Nafure of Injury	
19. UNDERTAKER	illoughby fr.	24. Was disease or injury In any way related to occupation	on of deceesed?
(Address) Aurilia	R. MAS Off	If so, specify	
20. FILED. 3-18. 1937	N-E Jainey	(Signed)	M Truel
	Registrar.	(Address)	

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			CONTRACTOR OF	

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V.S.No. 1

STATE C	OF MARYL	AND-CERTIF	FICATE OF	DEATH
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4	18		- 6
- 6	11	63	El
. 1	U	0.7	3

1. PLACE OF DEATH	(a7)
County Dorchester	Registration Dist. No. 11 0
Village or City Near Hurlock Length of residence In city or town where daath occurred 20yrs.	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. Hurlock, Md., R.F.D.	If U. S. Veteran, specify WARSt.,Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	. 21. DATE OF DEATH February 1 193.7
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Johnson	22. I HEREBY CERTIFY, That I attended deceased from 1937
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days It LESS that I day,	The state of the s
kind of work done, as SPINNER, Retired Farmer SAWYER, BOOKKEEPER, atc Retired Farmer Industry or business in which work was done, es SILK MILL, Own farm SAW MILL, BANK, etc Own farm 10: Data deceased last worked at this occupation fronth and 1933 spent in this year) 12: BIRTHPLACE (city or town) Dorchester County (State or country)	e. Other Courributory Causes of Importance:
13. NAME Unknown 14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town) (State or country)	Neme of operation
15. MAIDEN NAME Margaret Johnson 16. BIRTHPLACE (city or town) Dorchester County (State or county) Mary Land	23. If deeth was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Dorchester County (State or country) Maryland 17. INFORMANT Augustas D. Webb (Address) Hurlock, Md., R.F.D. 18. BURIAL, CREMATION, OR REMOVAL Place Johns', Md. Date Feb. 4 193	Accident, suicide, or homicide?
19. UNDERTAKER J. J. Framptom & Son (Address) Federalsburg, Vd. 20. FILED 2// Hasting Regisfar.	24. Wes disease or injury in any way related to occupation of deceased? If so, specify (Signad) (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THEFAU V B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

If wore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 4 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 1000
1. PLACE OF DEATH	159
County Donchester	Registration Dist. No. 116
Village or City madies	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
/10 . /	
2. FULL NAME Gloria and Kar	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	#sb. 22 , f93 / (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Senale	22. I HEREBY CERTIFY, That I attended deceased from
0 0 1 . 127	faw 1957, to teb 22 195/
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on the first said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
1 2 8 ormin.	were as follows: Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	(1/2 - ture healt (1/2-) mos)
9. Industry or business in which	O, Marson C. Volo C. (U.V.)
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date decassed last worked et f1. Total time (years) this occupation (month and spent in this	
year)occupation	Other Contributory Causes of importance:
12. BfRTHPLACE (city or town)	other desailed by clare of importance.
(State or country)	
14. BIRTHPLACE City or town) Douberthe Co	
7 14. BIRTHPLACE (city or town) Dorchester Co	Nama of operation Date of
(State of country)	What test confirmed diagnosis? Was thara an autopsy?
15. MAIDEN NAME Trans Xane 16. BIRTHPLACE (city or town) Darkester Co	23. If death was due to external causas (VIOL ENCE) fill In also tha following:
5 16. BIRTHPLACE (city or town) Dorchester Co	Accident, suicide, or homicide? Date of Injury, f9
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT The Stanley (Addrass) madison, madison	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Maduson Date 2 - 23,1931	Nature of injury
19. UNDERTAKER John Stanley	24. Was diseasa or injury in any way ralated to occupation of deceasad?
(Address) madion fud	If so, specify
20. FILED 2-23 37 Ooku mace of	(Signed) af Mercus M. D
Registrar.	(Address) Camberill, Med.
In more blanks are needed address State Registery	2422 N. Charles Street Beltimore Perusting 71 S. No

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 4 1007			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE F	R FURTHER	STATEMENTS	BY	PHYSICIAN
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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 5 3007	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			a continu

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

certificate.

See instructions on back of

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1658

STATE OF MARKETEAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(159)
County To CORPORATE LI	Registration Dist. No. 1) 6
Village or City Communication	No. St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	ds. How long In U.S. if of foraign birth?yrsmosds.
2. FULL NAME Infant Lap	If U. S. Veteran, specify WAR
(a) Residence: No. Cude la	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
mak White Angle	(Month) (Day) (Year)
5a. If marriad, widowad, or divorcad HUSBANO of	22 I HEREBY CERTIFY. That I attanded decaased from
(or) WIFE of	2 1 2 137 10 2 1 3 1 3 2
5. DATE OF BIRTH (month, day, and year) 7	I last saw han aliva on 27 2 1937 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 12.30 am.
j 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	wara as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Bremstont (74 kg)
9. Industry or business in which	7 (1)
work was dona, as SILK MILL, SAW MILL, BANK, atc	
10. Data dacaased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importanca;
12. BIRTHPLACE (city or town). Cammafac	
(Stata or country)	
13. NAME Emily Flag	
14. BIRTHPLACE (city or town) Cambelly	Nama of operation
(Stata or country)	What test confirmed diagnosis? China Was thara an autopsy? 20
15. MAIDEN NAME / Les Manne Mysels	23. If daath was dua to extarnal causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Cambridge	Accident, suicida, or homicide? Data of Injury, 19
(Stata or country)	Whare did Injury occur?
17. INFORMANT Comes Ruge	(Specify city or town, county and State) Specify whathar injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Cambridge Int-	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Cambridge M. Oata M. S. 199	Nature of injury
19, UNDERTAKER Trunk & albank	24. Was disease or Injury In any way retated to occupation of deceased?
(Addrass) Canholo md	If so, spacify
20. FILED 2 - 3 1937 Steer Grown	(Signad) M. D.
Registrar.	(Address) auting my

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier_morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	li li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by strect car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TIDDITION	DI LICE	TOYE	T. C. TOT TITIZE	DIVITATION	10 1	THEFT

1937-2-3

STATE OF MARYLAND-CERTIFICATE OF DEATH

ounty Scheeter	Registration Dist. No. 113	-
llage or City Fisher		
	NoSt	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and n	
ngth of rasidence in city on town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmc	osds.
ILL NAME Lagrees & Lecce	If U. S. Veteran, specify WAR	
) Residence: No. Feeh	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	State
ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	2
or DIVORCED (write the word)	(Month) (Day)	, 193
ried, widowed, os divorced	(World)	(Teal)
BAND of Late Robert & Lacere	22. I HEREBY CERTIFY. That I attended	decaased from
	1'eV. 12 , 1937, to N.W. 17	, 19.37
OF BIRTH (month, day, end year)	I last saw here alive on Delv. 17 , 1937	; daath is said
Yaars Months Days If LESS than	to have occurred on the date stated above, at.	
66 // 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance -	
	ware as follows:	Date of onset
rada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chilly 23 1	hel. 1 =
ndustry or businass in which	4.3	1-cv
work was done, as SILK MILL, SAW MILL, BANK, atc.	Lolan Mennon.	8.1
pate deceased last worked at this occupation (month and spent in this		- Jun L
year) spentin this occupation		
Teshaci Greek	Other Contributory Causes of importance:	
IPLACE (city or town)	100	301
() () P+-	In mic vepusur	200
AME Kerneye		
REPAPLACE (city or town)	Name of operation Date of	
(Stata or country)	What test confirmed diagnosis? Was there an a	utopsy?
IAIDEN NAME Sterah dacker	23. If death was due to externel causes (VIOLENCE) All in also the following	
IRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury	, 19
(State or country)	Whara did injury occur?	
Theleas Seles	Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, on PUBLIC PLA	e)
MANT (ddrass)		
L PREMATION, OR REMOVAL	Manner of injury	
Kilong Grable Hol 7/10 1937	Nature of Injury	
1 3110 4		10.5
RTAKER	24. Was disaasa or injury in any way related to occupation of deceased?	NO
Addrass)	If so, spacify	
ner. 18, 1937 James Mean	(Signed) James Williams	M. D
Loc Registrar.	(Addrass) telling the	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Arterioselerosis S. A. L. V. S.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If wore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

Date of onset

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAF 4 1007	July 5, 1927	Peritonitis	3 days ago
CENTRAL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	E TOR TORINER SIZE		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY

N. B.—WRITE PLA

STATE OF MAR	YLAND-CERTIF	ICATE OF DEATH
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1	10	18	1
	25	Pa	-7
-1	1	U	X.

County Dorchester Registration Dist. No.	1. PLACE	OF DEA	ТН			107-1	, , , ,
Length of residence in city or town where death occurred						Registration Dist. No.	****
2. FULL NAME (a) Residence: No. Bast New Market, Md. (b) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 3. SEX 4. COLOR OR RACE 5. SIK Divorced without the STATE of Divorced HUSBAND of (O) White of (O) STATE of BIRTH (month, day, and year) 5. If married, widowed, or divorced HUSBAND of (O) Wife of (O)	Village	or City \underline{N}	ear Cabi	in Creek	(16	ND. St., St.,	Ward
(a) Residence: No. East New Market, Md. (b) Country Country PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARKED, Wildower, Or BytockED (were the word) SINGLE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY. That I eltended decessed from Corb Wilf of Corb W	Length o	of residence in ci	ty or town where d	leath occurrad			
(a) Residence: No. East New Market, Md. (b) Responsible of abode of the control	2. FULL	NAME	Philip	Allen	Marine	If U. S. Veteran, specify WAR	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White White Still married, widowed, or diverced (10) Wife of 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 1 1 4 2 1 649. 16. Saving, Birther, Birther	(a) Res	sidence: No					
3. SEX	PEDG	ONAL AN				The state of the s	tate
Male White Or Divorced (which the word) Single San II married, widowed, or divorced (Day) HUSBAND HUSBAND OCTOPHIE of Single 22. I HEREBY CERTIFY. That I eltended deceased from the Alexand for the Alexan				1			
8. If married, widowed, or divorced HUSBAD 2. 6. DATE OF BIRTH (month, day, and year) October 4, 1935 7. AGE Years Months Deys ITLES than I day	. "ale		White	OR DIVORCED	(write the word)	February 6	193_7
6. DATE OF BIRTH (month, day, and year) October 4, 1935 7. AGE Years Months Deys ITLESS than I day, hrs. of min. 8. Trade, profession, or particular without one as SPINNER, SANYER, BOOMEEPER, etc. 9. Industry or business in which this SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (state or country) 12. BIRTHPLACE (city or town). Hurlock (State or country) 13. NAME Alpha Marine 14. BIRTHPLACE (city or town). Whitesville (State or country) 15. MAIDEN NAME Emma Polite 16. BIRTHPLACE (city or town). Whitesville (State or country) 17. INFORMANT Alpha Marine 18. BURIAL, CROSSMATION, OR REMOVAL Place Federal Soure, Maryland 19. UNDERTAKER I. J. Framptor & Son (Address) Federal Soure, Maryland 19. UNDERTAKER I. J. Framptor & Son (Address) Federal Soure, Maryland 19. Date of onest the sale to date stated above, at. 9.150, m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 10. Date deceased last worked at this occupation month and occupation month and occupation this occupation month and occupation this occupation month and occupation this occupation month and occupation month and occupation this observed as a state of the sale of the sale occupation of injury. 10. BIRTHPLACE (city or town). Darchester County. What test confirmed diagnosis? Was there an sutopsy? Maryland occupation of deceased? Manner of injury. 15. Maintended occupation of deceased? Manner of injury. 16. Specify city or town, county and State) 17. INFORMANT Alpha Marine 18. BURIAL, CRUSE OF DEATH and related causes of importance were as follows: 19. Industry and State or country. What test confirmed diagnosis? Was there an sutopsy? Maryland occupation of deceased? Manner of injury. 19. UNDERTAKER CRUSE OF DEATH and rel	5a. If married, y	widowed, or dive	orced				
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7. AGE Years Months 1 day	6 DATE OF RU	RTH (month da	v and vear) O	ctober 4	. 1935	>//	daath is said
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8. Trade, profession, or perticular kind of work done as SPINRE, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work were done as SILK MILL, SAWYER, BOOKKEPER, etc. 10. Dete deceased last worked at this occupation (month and secupation) 12. BIRTHPLACE (city or town). Hurlock (State or country) 13. NAME Alpha Marine 14. BIRTHPLACE (city or town). Dorchester County (State or country) 15. MAIDEN NAME Entre Polite 16. BIRTHPLACE (city or town). Whitesville (State or country) 17. INFORMANT Alpha Varine (Address) East New Market, Md. 18. BURIAL, CREMATION, DR REMOVAL Place Federalsburg, Md. soate. Feb. 8, 19. 37 19. UNDERTAKER J. J. Framptom & Son (Addrass) Federalsburg, Maryland 20. FILED Fulb S. 19.37 Neme of operation. What test confirmed diegnosis? Was there an autopsy? And Manner of injury (Specify city or town, country and State) Neme of operation. What test confirmed diegnosis? Was there an autopsy? And Specify whether Injury occur? (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, DR REMOVAL Place Federalsburg, Maryland 19. UNDERTAKER J. J. Framptom & Son (Addrass) Federalsburg, Maryland 20. FILED Fulb S. 19.37 Neme of operation. What test confirmed diegnosis? Was there an autopsy? And Manner of injury (Signed). Where did injury occur? (Specify city or town, country and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Was disease or injury in any way related to-occupation of deceased? Not in the second of the public place of injury (Signed). 19. UNDERTAKER J. S. Parkery (Signed). 20. FILED Fulb S. 19.37 Neme of operation. 21. Framptom & Son (Signed). 22. Was disease or injury in any way related to-occupation of deceased? Not (Signed). 23. Ideath we due to external causes (VIOLENCE) fill in also the following: Accident, suicide, o		1	4	2		The PRINCIPAL CAUSE OF DEATH and related causes of importance	D
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19. UNDERTAKER J. J. Framptom & Son (Addrass) Federalsburg, Maryland (Signed). (Signed). (Signed). M. D.		EMATION, DR F	REMOVAL		0 68	Manner of injury	~~~~~~~~
(Addrass) Federalsburg, Maryland 15 so, spacify 20. FILED Lib 8, 1937 - H. E. Parkers (Signed) W. J. Lib M. D.	Place	ederal	sourg, Mo	Date FeD.	8 ,19 57	Nature of injury	
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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
- Company			
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Regutrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

18. BURIAL, CHIMATION, OR REMOVAL

19. UNDERTAKER (Address)

CAUSE LION

Registration Dist. No. 11	9
No. St.	Ward
death occurred in a hospital or institution, give its NAME instead of street and	number)
ds. How long in U.S. if of foreign birth?yrsm	osds.
If U. S. Veteran, specify WAR 22	
- St., Ward.	
If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
21. DATE OF DEATH	
Jearciany 21	, 193. 7
(Month) (Day)	(Year)
22. I HEREBY CERTIFY, That I attended	deceased from
E.G. 15 ,1937, 10 Feb. 10	, 1937.
	_; death is said
to have occurred on the dete stated above, et	
The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	Date of onset
Blerone asteretelas	
replacities	
	-
Other Contributory Causes of importance:	
Neme of operation Dete of	
What test confirmed diagnosis? Was there an	
23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following	
Accident, suicide, or homicide? Date of Injury	
Where did injury occur?	
(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	te) .ACE,

Manner of Injury	
Neture of Injury	
24. Was disease or injury In any way releted to occupetion of deceased?	no
If so, specify	
(Signed) T. Jacuse	M. D.
(Address) Commenday Lies	5/
2411 N. Charles Street Baltimore Requestion 71 S. No	

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE mation (Steta or country)

17. INFORMANT. (Address) 18, BURIAL, CREMATION, OR

19. UNDERTAKER (Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH WITHIN CORPORATE LIMITS OF 1000 pinous County Registration Dist. No. Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) Every PHYSICIANS How fong In U. S. if of foreign birth?______vrs.______ds. Length of rasidence in city or town where death occurred statement 2. FULL NAME If U. S. Veteran, specify WAR (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) PERMANENT classified. 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of N EX certificate. 6. DATE OF BIRTH (month, dey, end year) properly 7. AGE Months If LESS than Years Oavs stated I day, hrs. 9 or min. 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION be jo 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... back may pluods 10. Oate dacaasad last worked at this occupation (month end 11. Total tima (years) spent in this on AGE so that yaar) _____ occupation _____ See instructions 12. BIRTHPLACE (city or town) (State or country) supplied. in plain terms. FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) should be carefully MOTHER is very important. 15. MAIOEN NAME CAUSE OF DEATH TION is very importa 16. BIRTHPLACE (city or town)

Registrar

If more blanks are needed, address State Registrar, 2.

St.. Ward

Ward.	If nonreside	nt give city or tow	n and State
MEDICAL	CERTIFICAT	E OF DEAT	ГН
OF DEATH	(Month)	(Oay)	, 193 (Yaer)
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Codice	s chlitat	in	
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due to external o	causes (VIOLENCE)		
ry occur?	(Specify city	or town, county a	nd State)
or injury occurred	-	iome, or mit obe	TEAUL.
		700	
or injury in any	Kun 8	Pill	
	MEDICAL OF DEATH HEREB aliva on ad on the data st. LCAUSE OF DE st. Coulding tion de, or homicide? arry occurred arry occurred	MEDICAL CERTIFICAT OF DEATH Month) HEREBY CERTIFICAT Month) HEREBY CERTIFICAT 19 1, to aliva on aliva on ALCAUSE OF DEATH and related cars: Control chiltely Autory Causes of Importence: Control chiltely irred diagnosis? due to external causes (VIOLENCE) de, or homicide? Irry occur? (Specify city etry irry or injury in any way related to occur	If nonresident give city or town MEDICAL CERTIFICATE OF DEATOF DEATH (Month) (Oay) HEREBY CERTIFY, That I attu- 19 1, to 19 1,

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BULLEAUTV. S. I.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDIN

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MARGIN

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Other contributory causes of importance:	. 1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

/ t + + +	1	STATE C	OF MAR	RYLAND-
infor- state UPA-	1. PLACE OF	DEATH		
	County Klas	rehertes		
Ho O	Village or City	01	Cree	B
= 0		,		
Every SIANS ement	Length of reside	nce in city or town where	death occurred	
E C E	2. FULL NAM	Elline	e Jan	nes Me
D.	(a) Residence	: No. Churc	Il lue	ek
PHYSI ct stal	PERSONA	L AND STATIST	(Usual plac	
REC. Pl		4. COLOR OR RACE		RRIED, WIDOWED,
E 3 .	male-	ext	OR DIVORC	ED (write the word)
ie T ie	5a, If married, widowed	, or divorced	· marin	
RMANE: X A C T I	HUSBAND of (or) WIFE of	ruk	nocen	
			100	1000
PE E	6. DATE OF BIRTH (m. 7. AGE Years	onth, day, and year) W.		185.3
IS A PI stated I properly certificate	03	10	Days	If LESS than 1 day,hr:
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d be DEA	17. INFORMANT E-	mma U	augh	u
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(m)	18. BURIAL, CREMATIO	N, OR REMOVAL	n.	1
-WRITE mation sh CAUSE C	Place Chu	1	Date	4 22,1937
-W]	19. UNDERTAKER NO	polil Ric	hozels	on
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17		· · · · · · · · · · · · · · · · · · ·	,, ,	Registrar.
		If more	vianks are needed,	address State Registry

STATE OF MARYLAND-	CERTIFICATE OF DEATH 1666
EATH	000
exerting	Registration Dist. No. 196
in city or town where death occurred yrs. mos Olive James Mil	. 0 0
D. Cherell Creek (Usual place of abode)	St., Ward. If nonresident give city or town and State
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Willowell Wi	21. DATE OF DEATH Act 20 1937 (Year)
ruknoun	I HEREBYCERTIFY That attended deceased from to the standard deceased from t
Months Days If LESS than 1 day,hrs. orhrs. orhrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
or particular one, as SPINNER, (KEPER, etc.	were as follows: Date of onset
ss in which as SILK MILL, Lapour Carl Rei worked at (month and control of the con	meant; not general Jaralysis of the imane.
wn Soucherle Co	Other Coatributory Causes of importance:
ues richolo	Aftrony Jahrelan
or town) Norcherlicko	Name of operation Date of The Was there an autopsy 2004
orthy Carrish or chestis to	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicider Date of injury
ma Vaugher whodge que	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
h breck Date 7 ch 22,1937	Menner of injury 12 12 12 Nature of injury 12 11 12 11 12
whole Richordson	24. Wes disease or injury in any way related to occupation of deceased?
, 19\$7 John Mace No. Registrar.	(Signed) M. D. (Address)
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEAT County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred 2 How long in U. S. if of foreign birth? vrs. mos. ds. If U. S. Veteran, specify WAR. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) widneser 5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yaer) 7. AGE Months Deys If LESS than 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min_ Date of onset 8. Trada, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, atc. may -9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc..... 10. Date dacaased lest worked at 11. Total tima (yeers) no this occupation (month and spent In this occupation 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). (Stete or country) carefully 15. MAIDEN NAME important DEATH 16. BIRTHPLACE (city or town) (State or country) be (Specify city or town, county and State) Spacify whether injury occur ad in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT plnous (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Nature of injury 24. Was diseasa or injury in way related to occupation of dacaasad 19. UNDERTAKER (Addrass) If so, specify If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAR 4 1937	July 5,1927	Peritonitis	3 days ago	
1	BUCCAU V S.				
Other contributory	causes of importance:	1	Other contributory causes of importance:	1900	
Gallstones		May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH County Donchester Village or City Vinna	1668
Village or City Views	Registration Dist. No.
village of oity	NoSt., Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long In U.S. if of foreign birth?mosds.
β I α' γ	
2. FULL NAME Busie Tarquharson 1/0	If U. S. Veteran, specify WAR
(a) Residence: No. Vienna / Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wishowed Tenale 4. COLOR OR RACE Widowed, or divorced	21. DATE OF DEATH Jebruary 3, 193 7, (Month) (Oay) (Mear)
HUSBAND of James a. Noble 6. DATE OF BIRTH (month, day, and year) May 21, 1852 7. AGE Years Months Days If LESS than	22. I HEREBY CERTIFY, Thet I attended deceased from February 3rd . , 1917, to February 3", 1937 I last saw h. er alive on February 3", 1937; death is said to have occurred on the deto stated ebove, at J
8. Trede, profession, or particular kind of work done, as SPINNER, Retired Matron SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Arterio-sclerosis. Cirrhosis of the liver.
kind of work done, as SPINNER, Retired Matron SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, Springfield Toppital SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance: Injury to R. side sustained in accidental fall several years
13. NAME John Daniel Farquharson	ago.
13. NAME John Daniel Fargularson 14. BIRTHPLACE (city or town) Unknown (State or country)	Name of operation Dete of Dete of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Margaret 6. Creighton 16. BIRTHPLACE (city or town) Margaret (State or country) 17. INFORMANT James F. Noble (Address) / Vienne Maryland	23. If death was due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Rinchester, Ma Oete Let 5 , 193	Manner of injury
19. UNDERTAKER of Franktom on (Address) Federalsburg. Md. 20. FILEO Felowary 6, 1937 Elepofeth W braft Reference.	24. Was disease or injury in any way releted to occupation of deceased? If so, specify (Signed) (Address) Vienna Maryland

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II	
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1921	Run over by street ear	1 week ago
Cerebral hemorrhage 1027 July 5,19.	27 Peritonitis	3 days ago
PER CALL V. 8. 1		
Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones May 1,19.	23 Gastroenteritis	1 ycar

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-5. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. WITH UNFADING INK-THIS IS A PERMANEN FOR BINDIN TION is very important. See instructions on back of certificate. MARGIN RESERVED AGE should be mation should be carefully supplied. -WRITE PLA ż

STATE OF MARYLAND—	ERTIFICATE OF DEATH
County WITHIN C	Registration Dist. No.
Village or City (I	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidance in city or town where death occurredyrsmos	s
2. FULL NAME Daky Setters	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (193) (Year)
5a. If marriad, widowed, or divorcad HUSBAND of	(month) (baj) (tear)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attanded deceased from 1937, to Let 70, 1937.
6. DATE OF BIRTH (month, day, and year)	I last saw her allve on Feb 20-1937 , 19 ; death is seid
7. AGE Years Months Days If LESS than 1 dey,hrs.	THE I KINCH AL CAUSE OF DEATH and related courses of importance
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	were as follows: Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decasaed last worked at this occuration (manch and specific properties).	Coefficiental audmaly 2-12-
10. Date decaasad last worked at this occupation (month end year) spent in this occupation	Cardiae decompulation
O_	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town)	-
13. NAME Akonson The Contraction of the Contraction	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Dete of What test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAMES Sollar H. Jacons	23. if death wes due to external causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME 15. BIRTHPLACE (city or town) (State or county)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Albana & Ostline (Addrass)	Whara did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place The Market Data 2/20, 1537	Manner of injury
19. UNDERTAKER (Addrass)	24. Was disease or injury in eny way related to occupation of deceesed?
20. FILED. 2 - 20 , 1937 plu mese?	(Signed) Affice Welfrew M. E.
If more blanks are needed, address State Registrer	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	*	, , ,
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

1. PLACE OF DEATH	- MARYLAND-	CERTIFICATE OF DEATH	1670
County Dorchester	WITHIN CORPORATE	Registration Dist. No.	16
Village or City Cambia	dae me.	No. Bym + auros med. The	A / Ward
		death occurred in a hospital or institution, given's NAME instead of street ar	d number)
Length of rasidance In city or town whera das	ith godurradyrs,mo		mosds.
2. FULL NAME Vertung	John	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town a	nd State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
m Black	or DIVORCED (write the word)	21. DATE OF DEATH Falcinary (Month) (Day)	, 193.7 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	2 1.	22. I HEREBY CERTIFY, That I attend	ed deceased from
(or) were of Sallie O.	esteins	James 21 , 1927, 10 February 6	19.7
6. DATE OF BIRTH (month, day, and year)	rel, 1868	I last saw him allva on February 6 - 19 3	.7.; deeth Is said
7. AGE Years Months	Oays If LESS than 1 day,	to have occurred on the dete steted above, at 233 mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
68 11	6 ormin.	ware as follows:	Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER, ASWYER, BOOKKEEPER, etc	rimer	Colti Calinortas	Jan. 31
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		The further would to the state of the	Quitana.
	1		
10. Date deceased last worked at this occupation (month end year)	11. Total tima (yaars) spent in this occupation		
12. BIRTHPLACE (city or town) Direct	ester md	Other Contributory Causes of Importance:	
(State or country)	. /.	_	
13. NAME Jenry Te	eners		
14. BIRTHPLACE (city or town)	rangland	Neme of operation Date of What test confirmed diagnosis? Was there a	
	- Jones a	23. If daath was due to external causes (VIOLENCE) fill in also the follow	
15. MAIDEN NAME Margaret 16. BIRTHPLACE (city or town)	nalyland	Accident, suicide, or homicide? Date of injury	
(State or country)		Where did injury occur?	
17. INFORMANT(Address)	V	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Gast. New. Market	Loate Feb 9,137	Mannar of injury	
19. UNOERTAKER 7. 13. Weel (Address) Herlack	loughby, sull.	24. Was disease or injury in any way related to occupation of deceased?	No.
20. FILEO 2 - 7 1937 Pre	0.	(Signed) hida O, heredelle	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 4 1931	1921	Run over by strect car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

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	Jo	nld	000	
	em	shor	0	
	y it	S	t 0	
	ver	IAN	men	
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	AN	C	Siff	
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	N	ted	per	ific
	IS	sta	pro	cer
	HIS	be	be	Jo
	H	nld	lay	ack
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	NF	plie	erm	inst
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	RIT	ion	USE	Z
-	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	- 4			

STATE OF MARKETENING SERVING SOUTH OF BEATT	STATE OF	MARYL	LAND-	-CERTIF	ICATE	OF	DEATH
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1. PLACE OF DEATH	(109)
County Decoloration	Registration Dist. No. 114
Village or City Lakesville	No. St., Ward
4/	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Coliza & Milliga	If U. S. Veteran, specify WAR.
(a) Residence: No. Lakesville (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
56. If marriad, widowad, or divorced HUSBAND of Late Joseph Phillips	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, dey, and year) June 1 1865	I last saw harmaliva on Page 26 19\$7 death is said
7. AGE Yaers Months Days If LESS than	to have occurred on the dete stetad above, at ZP/m.
7/ 8 20 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and raleted causes of importance ware as follows:
8 Trade profession or particular	Date of onest
kind of work done, as SPINNER, house work	
9. Industry or business in which work wes done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decaasad last worked at this occupation (month end year) occupetion	
And A DX	Other Coutributory Causes of importanca:
12. BIRTHPLACE (city or town). OF PLCMASSON (State or country)	
E	4000
4 14. BIRTHPLACE (city or town) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Nema of operation
I 15. MAIDEN NAME Linnis Mockens	23. If daeth wes due to external causes (VIOL ENCE) fill in also that following:
E O O O O	Accidant, suicida, or homicide? Dete of Injury
O 16. BIRTHPLACE (city or town) (State or country)	Whare did injury occur?
17. INFORMANT Charley M. Phillips	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Lakewille Data March 1, 1937	Netura of injury
19. UNDERTAKER Lewis Bayneum (Address)	24. Was disease or injury in any way related to occupetion of daceased?
20. FILED March 1, 1937 Juns 71. J. Carl Registrar.	(Signed) B. H. Jack M. D. (Address) Concerning ful
Va Cal Registrat.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
		Ť.			
Other contributors of the contributors		01) 4 1 4 4 1 4 4			
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			THE RESERVE		

1	. PLACI	E OF DE	EATH	M/r.		<u>3</u>
	County	De	orcheste:	THIN CON		Registration Dist. No. 116
Village or City Cambridge						No. 110 Washington Street St. Ward
						f death occurred in a hospital or institution, give its NAME instead of street and number)
	Langth	of residence i	in city or town whara			How long in U.S. If of foreign birth?yrsmosds.
2	. FULL	NAME_	Sti.	llborn R	ingold	If U. S. Veteran, specify WAR
	(a) Re	sidence: No	o	Usual place	ston Str	eest., Ward.
perhanne	PFR	SONAL	AND STATIST			If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3.	SEX	-	OLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH
	emale		col.	OR DIVORCE	D (write the word)	100 6 193
_		widowed, or		15 26 2.1	0-1-0	(Month) (Day) (Year)
	(or) WIFE	of		ngle		22. I HEREBY CERTIFY, That I attended daceasad from
						197, to 2/6/, 1937
			, day, and yaar)	Feb 6th	. 1937	I last saw handlive on Jast of Ale, 19 ; death is said
7.	AGE	Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on tha data stated above, at.
		St:			ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:
N	8. Trada, kin	profession, o	or particular ona, as SPINNER,	77		A
OCCUPATION	SA	WYER, BOOK y or busines	KEEPER, etc	Mone		Thematine mine fles
	WOI	k was done,	as SILK MILL,		X	Multon
220	SAW MILL, BANK, etc					
_	yea	occupation (s pe	ntin this X	(Carre automatic)
12	RIDTUDI A	CE (city or to	was Camb	ridge.		Other Contributory Causes of Importence:
164		r country)	Marv			
ER	13. NAME	J	ohn Ring	old		
FATHER	14 RIRTH	LACE (city o	Be:	rdie Co.	•	Neme of operation Dete of
F		ate or countr	y) No	. Caroli	na	What test confirmed diagnosis? Cleaning Was there an autopsy? M
ER	15. MAIDE	N NAME	Rosa Lee			23. If death was due to external causes (VIOLENCE) fill in elso the following:
MOTHER	16 BIRTHI	LACE (city o	De:	rdie Co.	,	Accidant, suicida, or homicide? Date of injury, 19
X		ate or countr		. Caroli	na	Where did injury occur?
17.	INFORMAN'		Rosa Rin Cambrida		and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.		EMATION, O	R REMOVAL			Menner of Injury
	Piaca	Camb	ridge, M	d. Dete. 2/6	/37 ,19	Nature of Injury
						24. Wes disease or injury in any way related to occupation of deceased?
19.	UNDERTAK (Addras	ERC	ambridge	, Maryla	nā.	If so, specify
	2		,37	1/11/1		(Signed) Hly more h M.D.
20.	FILED.	.6	19	runu	Resistrar.	(Ardrass) Cambring my
			Uf more	blanks are needed, o	ddress State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	· a ii	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis MAR 4 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
3.6 h > 6 l	1		
Other contributory causes of importance:		Other contributory causes of importance:	7 .1
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

1. PLACE O	F DEATH	P 1	VITHIN CORPOR	ATE LIMITE AP (59)				
County Village or C	e		222	Registration Dist. No.				
	dence in city or town where	double occurred		death occurred in a horpital or institution, give its NAME instead of street and number)	ard			
2. FULL NA	2	J/C	RR	Clarence If U. S. Veteran, specify WAR	us.			
(a) Residen		V		St., Ward.				
PERSON	AL AND STATIS	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH				
3, SEX	4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	_			
noole	whit		D (write the word)	(Month) (Day) (Year)				
5a. If married, widow HUSBAND of (or) WIFE of	ad, or divorced	how	_	22. I HEREBY CERTIFY, That I attended deceased fr	rom			
	(month, day, and year)	2/8/37	,	I last saw him aliva on February 5 The 1977; death is s	aid			
7. AGE Yeers Months Days If LESS than 1 dey, 1.7 - hrs. or			1 dey, 2 2-hrs	The Follows CAUSE OF DEATH and reletad ceases of importance				
			**	Prematerity - 26 thele forting Octobron	101			
9. Industry or work wa	business in which s done, as SILK MILL, L, BANK, atc	-						
10. Data daceas this occu year)	ed last worked at petion (month and	sper	Ime (yaars) nt in this upation					
12. BIRTHPLACE (ci	ty or town)	elrial	7-	Other Contributory Causes of Importence:				
(Stata or cou		3	me					
13. NAME	lecence	Staleh	eace					
13. NAME 14. BIRTHPLACE	' '	seekr	de.	Neme of operation				
(State of	7 00	13 -	7	Whet test confirmed diegnosis? Was there an autopsy?				
15. MAIOEN NA H	MERCELLE	/ace	era_	23. If death was dua to external causes (VIOLENCE) fill in elso the following:				
O 16. BIRTHPLACE	(city or town)	Oa_		Accident, sulcide, or homloide?				
17. INFORMANT Clarence Rabbescos (Address)				(Specify city nr town, county and Stale) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.				
18. BURIAL, CREMAT	TON, OR REMOVAL	mele of	9 157	Menner of Injury	•••			
19. UNDERTAKER (Address)	ystec	te	me	24. Was disaase or injury in any way related to occupetion of deceesed?				
20. FILED 2	9 ,1037 07	hu ?	Registrar	A Land Of the second	1, D			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAR = 1937	July 5,1927	Peritonitis	3 days ago	
BURSAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:	1-1.5	
Gallstones	May 1,1923	Gastroenteritis	1 year	
			PACK III	

1. PLAC Count

STATE OF MARYLAND— E OF DEATH Dorchester	CERTIFICATE OF DEATH Registration Dist. No. //
e or City Hurlock, (Out-side) Pete	St., Wife death occurred in a hospital or institution, give its NAME instead of street and number) s. 9 ds. How long in U.S. if of foreign birth? yrs. mos.
NAME Debbie Allen Robinson,	If U. S. Veteran, specify WAR
esidence: No. Hurlock, Md. R.F. D. (Usual place of abode)	St., Ward. If nonresident give city or town and State
SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH

	Village or City	Hurlock	,(Out-si	del Pete	rs Naire	d in a hospital or	institution, give its NA	ME instead of street as	Ward
	Length of residence in c	ity or town where	death occurred_55	S_yrs_IOmos	s9ds.	How long in U.	S. if of foreign birth?_	yrs.	_mosds.
2	2. FULL NAME	Debbie	Allen R	obinson.		_If U. S. Vete	ran, specify WAR_		
	(a) Residence: No.			R.F.D.				ent give city or town a	and State
	PERSONAL AN	D STATIST	ICAL PARTIC	CULARS		MEDICA	L CERTIFICAT	E OF DEATH	
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Single					21. DAT	E OF DEAT		ry, I4"	, 193_7(Yeer)
5e. If married, widowed, or divorced HUSBANO of (or) WIFE of						1 HERE	BY CERTI		
6.	DATE OF BIRTH (month, da	y, end year) A	pril 5"	1870	I last saw h	alive o	-/	, 19. 3	7; death is said
7	AGE Years 66	Months IO	Days 9	If LESS than 1 day,hrs. ormin.	1	JPAL CAUSE OF	stated ebove, at _5. DEATH and releted ca	-00-P.M.	/
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc HOUSE-WORK 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years)						ufly	is it	for)	Oate of onset
this occupation (month and ii 1937 spent in this Life occupation Life 12. BIRTHPLACE (city or town) Dorchester Co. (State or country)			Other Couts	ributory Causes of	Importance:				
ER.	13. NAME	Henry R	obinson,						
FATHER	14. BIRTHPLACE (city or to (State or country)	Don	chester				s?		
ER	15. MAIOEN NAME	Terrev	Shepparo	1			el causes (VIOL ENCE)		
MOTHER	16. BIRTHPLACE (city or to (State or country)	Dan	chester		Accident, su		a?		
17.	INFORMANT Ne		ckerson				(Specify city red in INOUSTRY, In I	or town, county and S HOME, or in PUBLIC	itate) PLACE.
18.	BURIAL, CREMATION, OR F	REMOVAL				injury			
19.			otom & S			ase or injury in a	any wey related to occ	upation of deceesed?	
20.	FILEO 2/17	1937 C	le It	Hasteen Registrar.	(Signed	(Address)	Mogen 36	myers	m. D.

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B 12 11 0	Example I		Example II	
The principal cause of do of importance were as fo	eath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAD 0 1007	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1011 V V V V V V V V V V V V V V V V V V	1921	Run over by street car	1 week ago
Cercbral hemorrhage	assessi V 8.	July 5,1927	Peritonitis	3 days ago
11		. 3		
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			·	

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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LION

BINDIN

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le II
and related causes Date of or
-1 week
1 week
3 days
243
mportance:

PHYSICIANS should state WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. TION is very important.

MARGIN RESERVED FOR BINDIN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1070
County Borokester	Registration Dist. No. ///
Village or City heart East hew Ma	st, Ward
	death of curred in a horpital or institution, give its NAME instead of street and number) ds. J How long in U.S. If of foreign birth?yrsds.
2. FULL NAME G dr. d. M. Sandas	LUS Veteran specify WAR.
(a) Residence: No.	St., Ward.
(Usual place of abodie)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Famale Cross d 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite they word)	21. DATE OF DEATH (Month) (Day) (Feat)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY. That I attended decessed from
16)	Jahr 19 17, 10 Feller 3, 137
6. DATE OF BIRTA (month, day, and year)	I last saw har elive on French 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at P
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	dans meemones!
4 9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Dete deceased last worked et this occupation (month and year)	
12 BIRTURI ACE (sidu or four)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
is 13. NAME Color W Core	
13. NAME WITH MARKET 14. BIRTHYLACE (city or town)	Neme of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Menis O acuper	23. If death was due to external causes (VIOL ENCE) fill In also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
2 (State or country)	Where did injury occur?
17. INFORMANT Address / Carleson, (Address) & and men fry ark.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of tour son Date Jet 18, 19.37	Nature of injury
19. UNDERTAKER H. H. Willow July	24. Was disease or injury in any way related to occupation of deceased?
(Address) Contract	If so, specify
20. FILED 2/1 /2 . E. Jarker	(Signed) M. D.
Registrar.	(Address) Author (Andress)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURGAU V. B.	À			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

MARGIN RESERVED FOR BINDIN

I's No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1677
1. PLACE OF DEATH	97
County Arghester	Registration Dist. No. 11 6
Village or City Lander of	death occurred in a hospital or institution, give its NAME instead of street and rumber)
Length of residence in city or town where death occurred	death occurred in a hospital of institution, give its IVAIVIE instead of street and number)
2. FULL NAME Emil Schneide	A If U. S. Veteran, specify WAR
(a) Residence: No. Hangsto (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Write the word) A COLOR OR RACE OR DIVORCED Write the word)	21. DATE OF DEATH Telerrary 28th, 1937 (Manth) (Day) (Year)
Sa. If marriad, widowed or divorcad HUSBAND of (or) WIFE of Matter 1 de Carrier	1 HEREBY ZERTLEY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Moreh 28-1854	Vast saw he maily on fellowing 28 1937; death is said
7. AGE Years Months Days If LESS than	To have occurred on the date stated above, at I. A.m.
82 1/ D 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of one of the Company of the Co
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last worked at this occupation (month with	1934
10. Date deceased last worked at this occupation (month and year)	ust
12. BIRTHPLACE (city or town) ashbudud	Other Cambributery Causes of Importance:
(State or country)	
13. NAME Lefer schuleder 14. BIRTHPLACE (city or town) - All Residuals and the schule of the schule	
14. BIRTHPLACE (city or town) Clark	Name of operation Date of
7.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Cerrent 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMAN CONTRACTOR CANADA	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL PIACETTO OPULA Trauso tale March 12/1937	Manner of injury
19. UNDERTAKER Granville J. Leamftle	24. Was disease or injury to any way related to occupation of deceased?
20. FILED 3-1-137 Nolet mace Je.	If so, specify (Signed) M. D. M. D.
Regisfrer. If more blanks are needed, address State Registrar.	Address) 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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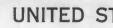
Date of onset	The principal cause of death and related causes	Date of onset
	of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1921 Run over by street car Iuly 5,1927 Peritonitis Other contributory causes of importance:

Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
Gaustones	May 1,1923	Gastroenterus	1 year
ADDITIONAL SPACE I	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
ADDITIONAL SPACE	TOR FURTH	ER STATEMENTS BY PHISICIAN	
	- 4 5 5 5 5		

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. WITH UNFADING INK-THIS IS A PERMANENT RECOKD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. -WRITE PLA

V. S. No. 1

STATE C	OF MARYLAND-	CERTIFICATE OF DEATH	678
1. PLACE OF DEATH		(F)	1
County Darchert	er WITHIN CORPOR	ATE LIMITS OF Registration Dist. No. // 6	
Village or City	rile med.	() MIK-1+	
Village of City		No. St., If death occurred in a hospital or institution, give its NAME instead of street and a	umber)
Langth of rasidance in city or town whera		sds. How long In U.S. if of foreign birth?yrsmo	
2. FULL NAME Clesa	& Schuler	If U. S. Veteran, specify WAR	
(a) Residence: No.	il OSS mes	— St., Ward.	
(a) Residence. No.	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	MACO .
Jaccole 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH bruary 15	, 193 2
5a. If married, widowad, or divorced	2 1	(Month) (Day)	(Year)
HUSBAND of Of Of Officer	n Achier las	22. I HEREBY CERTIFY, That I attended of	deceased fro
0.0004	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	75 1 1931, 10 71 15	19.3
6. DATE OF BIRTH (month, day, and year)	132/1910	I lest saw h aliva on y , 193/	; death is sa
7. AGE Years Months	Days If LESS than	to have occurred on the dete stated above, at	
27 2	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and raiatad causes of importanca ware as follows:	
8. Trade, profession, or perticular	1 x'1		Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Hacese Itala	Tympho forcome	2
9. Industry or business in which work was done, as SILK MILL.	16-	(mulaige)	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. ID. Date deceased last workad at this occupation (month and	l 11 Tablés ()	The surcoma was primary in the breasts	•
this occupation (month and year)	11. Total tima (years) spent In this	probably of the glandular trague. Cover	1.7
(O	occupation	Other Contributory Causes of Importance: Duration: two years	
12. BIRTHPLACE (city or town)	and the		
(State or country)	1 the		
13. NAME lathace 14	eethrade		
I4. BIRTHPLACE (city or town)	at Roade	Name of operation	
(State of country)	4	What tast confirmed diagnosis? Character Was there an a	ulopsy?
15. MAIDEN NAME	Jameth	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
0 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of Injury	
∑ (State or country)	many	Whare did injury occur?	
17. INFORMANT Helend	Schelyler	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
IS. BURIAL, CREMATION, OR BEMQVAL		Marine of tale and ta	
Place Place 1	Water 3/17 1937	Manner of injury	~ ~ = ~ = a = ~ = =
Pest 0	- 14-	Nature of Injury	10 -
19. UNDERTAKER		24. Was diseasa or injury in any wey related to occupation of deceased?	10
(Address)	ye ma	If so, specify	
20. FILED 2-17 1957 M	hu mace y	(Signed)	M.
. 0	Registray.	(Address) Carriery W.	1.
If more	blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	



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Example 1	Example II			
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Chronic interstitial nephritis , , , , , , , , , , , , , , , , , , ,	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MOREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state of OCCUPA-Exact statement stated EXACTLY. properly classified. FOR BINDIN certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be See instructions on back of TION is very important.

1. PLACE OF	F DEATH		(13)	
County	Josephen	ter	Registration Dist. No. 115	
Village or C	techin	- Creek	No. St. V	Wai
			(If death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of resi	dence in city or town where	death occurredyrsm	osds. How long in U.S. if of foreign birth?yrsmos	d
2. FULL NAI	MERELLE	e / hockle	If U. S. Veteran, specify WAR	
(a) Residen	ce: No.	iney reads !	> or Ward.	
DEDCON		(Updal place of abode)	If nonresident give city or town and State	_
	1	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	_
3 SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
yeurece	mere	marred	(Month) (Day) (Year	r)
5a. If merried, widow HUSBANO of	red, or divorced	St. los	22. HEREBY CERTIFY, Thet ettended deceased	fre
(or) WIFE of	to we Ind	victing	10 20 19 37 to Text. 20 19:	₹ "
6 DATE OF BIRTH	(month, day, end yeer)	112/1875	I lest sew h 2 elive on 10 20 1937 death is	s se
7. AGE Yee		Days If LESS than	to heve occurred on the dete steted above, et 1.30 Om	
	619	1 day,hrs	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were es follows:	
8. Trade, profes	ssion, or perticular	ormin.	Were estations: Oate of	onse
No. Date decease 10. Date decease 10. Date decease 10. Date decease	work done, as SPINNER, BOOKKEEPER, etc.	Lacar Make	Chilia Sto	
9. Industry or	business in which s done, es SILK MILL,	1/	3	01
SAW MIL	L, BANK, etc.		- Claus Decompens action	
	ed last worked at petion (month end	11. Total time (yeers) spant In this 40		
year)	2/0	occupetion	Other Contributory Causes of Importance:	
12. BIRTHPLACE (cit	,	sey carlo		
(Stete or cour	ntry)	-/	- Lindro Kenne Vasensen	
13. NAME	eny of s	racers	Q. X.	5
13. NAME 14. BIRTHPLACE (State or		lacing breaks	Neme of operation	
(Stete of	country)	1 ma	What test confirmed diagnosis? Wes there an autopsy?	
15. MAIDEN NAI	ME Carelese	· cregition	23. If deeth was due to external causes (VIOL ENCE) fill In also the following:	
6 16. BIRTHPLACE	(city or town)	ery Great	Accident, suicide, or homicide?	
∑ (State or	eountry)	of me	Where did injury occur?	
17. INFORMANT	gereth)	coelley	(Specify or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
(Address)	tealing	Crack mell		
18. BURIAL, TREMAT	ION, OR REMOVAL	21. 2/22 .37	Menner of injury	
Place	70110	Date, 19-/	Nature of injury	
19. UNOERTAKER	1 6/20	and &	24. Was disease or injury In any wey releted to occupation of deceased?	
(Address)		end me	If so, specify	
20, FILEO. DUL	7719370	imma Meace	(Signed) & and with Meaden	М.
	-6.	Registrar.	(Address) Pinhamman (Market Mark	0

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Arteriosclerosis	MAR 8 1337	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephriti	3.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	W. F. W. V.	July 5,1927	Peritonitis	3 days ago
	All facility for the company and the company a			
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

certificate.

Jo

See instructions on back

TION is very important.

17. INFORMANT

19. UNDERTAKER (Addrass)

(Addrass) 18. BURIAL, CREMATION.

(State or country

of OCCUPA-

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	1680
1. PLACE OF DEATH			
County Waz, Co.	WITHIN CORPOR	ATE LIMITS P Registration Dist. No.	6
Village or City Cambridg			
village of City Country		MOSt., death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or town where daath	occurred yrsmos.	ds. How long in U.S. If of foraign birth?yrs	nosds.
2. FULL NAME Heury	W. Swith	If U. S. Veteran, specify WAR	
(a) Residence: No. I Q at	leu AX EITE	USt. Ward.	
(a) Nosidence. No. se	(Usualplace of abode)	ff nontesident give city or town and	d State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
201. 1	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH	2
	wedower	(Month) (Day)	., 193(Yeer)
5a. If merried, widowed, or divorced,	0 1 +	\\	(1.0.1)
(or) WIFE of	- C. South	22. HEREBY CERTIFY, Thet i attended	deceased from
	0	L/7/ 1937 to 2/8/	, 19-/
6. DATE OF BIRTH (month, day, end year)	kunun "	I last saw handlive on 19	; death is said
7. AGE Years Months	Oays If LESS than I day,hrs.	to have occurred on the date stated ebova, at 2Pm. The PRINCIPAL CAUSE OF DEATH and ralated causas of importance	
	ormin.	ware es follows:	Oate of onset
8. Trade, profession, or particular kind of work done, es SPINNER,		Prancho Premon	9
SAWYER, BOOKKEEPER, atc	N 0	1 James men)
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decaased lest worked at this occupation (month and	n rater		
10. Date decaased lest worked at this occupation (month and	II. Total tima (yaers)		
year)	occupetion		
12. BIRTHPLACE (city or town).	velle	Other Contributory Causes of importanca:	
(State or country) Wecomec	o Co.		
13. NAME Isass 1. M	Smith.		
14. BIRTHPLACE (city or town)	torelle	Name of oparetion Page Date of	
(State or country) Wecon	rico	What test confirmed diagnosis?	autonov? W
15. MAIDEN NAME Marths P.	ersons	23. If daath wes due to extarnal causes (VIOLENCE) fill in also the followin	
15. MAIDEN NAME Marths P		Accident, suicide, or homicide?	

Whera did injury occur?_

(Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.

Nature of injury

24. Was diseese or injury in

If so, specify

(Signed)

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Registra

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

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	117491,1000	- California Californi	1 year

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ì	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 4 1931	July 5,1927	Peritonitis	3 days ago
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			TANK TO IT

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

V. S. No. 1

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q	PE	e E	rly	cate	
FOR	V SI	stated	prope	certific	
77	HIS	be	be	Jo:	
MARGIN RESERVED FOR DINDIN	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOR	mation should be carefully supplied. AGE should be stated EXACTLY. PHY	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact s	TION is very important. See instructions on back of certificate.	
:	ż				

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1684
1. PLACE OF DEATH	<u> </u>
County Wehnlie	Registration Dist. No. 116
Village or City Countries (If	No. 139 (Local St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Golding Milly	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 144 4. COLOR OR RACE 5. SINGLE, MARKED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 2 - 5 - 1937	i last saw h. Telive on dead H. 19. 19. 47; death is said
7. AGE Years Months Days II LESS than 1 day, hrs.	to have occurred on the date stated ebove, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	abritum 3 months firtus
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MilL, SAW MILL, BANK, etc. 10. Bate deceased last worked at this occupation (month and	
10. Dato deceased last worked at this occupation (month and year) 11. Total time (years) how spant in this occupation	
12. BIRTHPLACE (city or town) Caulluly M. (State or country)	Other Centributery Causes of importance:
13. NAME FWYLL M. Whiley 14. BIRTHPLACE (city or town)	2424
4. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Elice Mingule	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME ELLE MM JULE 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur?
17. INFORMANT Hy M. Willing My, (Address) Cumbing My,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Creeker Lab, Date 7 et. 3, 195/	Nature of injury
19. UNDERTAKER bisfirial effort time (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 2 - 5 , 1937 John Mace 12	(Signed) Questing M. [(Address) Questing M.
If more blanks are needed, address State Registrat,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 doys ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 yeor

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS SSX 4. COLOR OF RACE OR DIVORCED ("wire the word) OR DIVORCED ("wire the word) OR DIVORCED ("wire the word) Sa. If married, widowed, or divorced HUSBAND of (or) Wife of 7. AGE Years Months Days If LESS than I day. S. Trede, profassion, or particular Sind of work done, as SPINKE, SAWYER, BOOKKEPPE, etc. 9. Industry or businass in which work wes done, as SPINKE, SAWYER, BOOKKEPPE, etc. 9. Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date 18. BURIAL, CREMATION, OR REMOVAL Place 19. 10. 10. DATE OF DEATH (Month) 22. I HER EBY CERT IF 19. 10. 11. ILESS than 11 to have occurrate on the data stetad ebowe, at 2. 4. The PRINCIPAL CAUSE OF DEATH and related cause of the province as Solic Mich. SAWYER, BOOKKEPPE, etc. 9. Industry or Dusinass in which work wes done, as SPINKE, SAWYER, BOOKKEPPE, etc. 9. Industry or Dusinass in which work wes done, as SPINKE, SAWYER, BOOKKEPPE, etc. 9. Industry or Dusinass in which work was done, as SPINKE, SAWYER, BOOKKEPPE, etc. 9. Industry or Dusinass in which work was done, as SPINKE, SAWYER, BOOKKEPPE, etc. 9. Industry or Dusinass in which work was done, as SPINKE, SAWYER, BOOKKEPPE, etc. 9. Industry or Dusinass in which were as follows: 18. BIRTHPLACE (city or town) Where did injury occur? Specify whether injury occurred in INDUSTRY, in Hill of the province of the word of the data stetad ebowe, at 2. 4. 16. BIRTHPLACE (city or town) Where did injury occurred in INDUSTRY, in Hill of the province of the word of the word of the data stetad ebowe, at 2. 4. 17. INFORMANT Where done, so Illies State 18. BURIAL OR SAWYER, BOOKKEPPE, etc. 9. Industry or Dusins of t	1685
Village or City. Length of residence in city or town where death occurred. Syrs. Mos. ds. How long in U.S. if of foreign birth? 2. FULL NAME (a) Residence: No. (b) St., Ward. (a) Residence: No. (b) St., Ward. (c) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS (c) DIVORCED (wyre tha word) Sa. II married, widowed, or divorced HUSBAND of Or DIVORCED (wyre tha word) (d) Wife of St. (month) 22. I HEREBY CENT IF (Month) 22. I HEREBY CENT IF (Month) 19. (Month) 19. (Month) 22. I HEREBY CENT IF (Month) 19. (Month) 19. 10. Date decessed lest worked et this occupation (month end of with date stead ebove, at. In this occupation (month end of with date stead ebove, at. In this occupation (month end of with date as SPINNER, SAW MILL, BANK, etc. 10. Date decessed lest worked et this occupation (month end of with date as SPINNER, SAW MILL, BANK, etc. 10. Date decessed lest worked et this occupation (month end of with date stead ebove, at. In this occupation (month end of with date as SPINNER, SAW MILL, BANK, etc. 10. Date decessed lest worked et this occupation (month end of with date stead ebove, at. In this occupation (month end of with date stead ebove, at. In this occupation (month end of with date stead ebove, at. In this occupation (month end of with date stead ebove, at. In this occupation (month end of with date stead ebove, at. In this occupation (month end of with end of with date stead ebove, at. In this occupation (month end of with end of with date stead ebove, at. In the principal of week at the date stead ebove, at. In the principal of week at the date stead ebove, at. In the principal of week at the date stead ebove, at. In the principal of week at the date stead ebove, at. In the principal of week at the date stead ebove, at. In the principal of week at the date stead ebove, at. In the principal of week at the date stead ebove, at. In the principal of week at the date stead ebove, at. In the principal of week at the principal of week at the princip	Dist. No. 276
2. FULL NAME (a) Residence: No. / 2 3	
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE MICHORITAL CROSS OF DEATH and related cause MEDICAL CERTIFICATE MEDICAL C	yrsmosd
(Usual place of abode) Finonresident PERSONAL AND STATISTICAL PARTICULARS A COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (**wire* that word) Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Amounth, day, and year) 7 / 8 G DATE OF BIRTH (month, day, and year) 7 / 8 G DATE OF BIRTH (month, day, and year) 7 / 8 G S. Trede, profassion, or particular kind of work done, as SPINNER, SAWER, BLONKEPER, etc. 1	war.
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (aware this word) 21. DATE OF DEATH (Month) 22. I HEREBY CERT IF (19) WIFE of James Months Days II LESS then I day, hrs. or min. 8. Trede, profassion, or particular kind of work done, as SPINNER, James Months SAWER, BONKEPER, etc. 9. Industry or business in which work was done, as SINK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked et this occupation (month end James Month) Spinit in this occupation (where as follows: 12. BIRTHPLACE (city or town) Spinit in this occupation (month end James Month) Spinit in this occupation (month en	at give city or town and State
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(Address) 18. BURIAL, CREMATION, OR REMOVAL Place Menner of injury Netura of injury Netura of injury	or town, county and State)
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Example I The principal cause of death and related causes of importance were as follows:		Example II	
		The principal cause of death and related causes of importance were as follows:	ses Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
MAR & 1831			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Albert St. L.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. TION is very important.

MARGIN RESERVED FOR BINDIN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(37)
county Worchester	Registration Dist. No. 110
Village or City Dalestown Md	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH February 20th 1957 (Year) (Year)
5a. If marriad, widowad, or divorced HUSBANO of (or) WIFE of Thatemore Willey	22. I HEREBY CERTIFY. That I attended deceased from 2/10/37, 19, to 2/20/37, 19
6. DATE OF BIRTH (month, day, and year) Sec 24 1851	I last saw ter aliva on 2/20/37 , 19 ; daath is said
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at OP m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: CONTROL A TECHNICAL CAUSE.
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Octa of onset
12. BIRTHPLACE (city or town) (State or country)	Other Contributors Causes of importance:
14. BIRTHPLACE (city or town)	
(State of Country)	Name of oparation Oate of Was there an autopsy?
15. MAIOEN NAME Elizabeth Unicent 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mas yesta Ellis	23. If daath was due to axternal causes (VIOLENCE) filt in also the following: Accident, suicide, or homicida?
18. BURIAL, CREMATION, OR REMOVAL Place Cokesbury Md Oata Feb 22, 1932	Manner of Injury
19. UNDERTAKER It. A. Francis 7 (30) (Address) Thanktown Me	24. Was disease or injury In any way related to occupation of daceased?Q
20. FILEO Feb 23, 1957 B& Hasting	(Signed) H.S.Kuhlman M.O. (Addrass) Sharptown Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 6 1937	July 5,1927	Peritonitis	3 days ago
	SHIPPEAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is used in partial and the carefully considered.				
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E PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS OF DEATH in plain terms, so that it may be properly classified. Exact statement is not important.	item	sho	Jo	/
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E PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RI should be carefully supplied. AGE should be stated EXACTLY. OF DEATH in plain terms, so that it may be properly classified. Example in the configuration of the confidence of th	SCOI	PH	act	
E PLAINLY, WITH UNFADING INK—THIS IS A PERMANEN should be carefully supplied. AGE should be stated EXACTL OF DEATH in plain terms, so that it may be properly classified.	T RE	Υ.	Ex	
E PLAINLY, WITH UNFADING INK—THIS IS A PERMAN should be carefully supplied. AGE should be stated EXAC OF DEATH in plain terms, so that it may be properly classic contributions.	CEN	TI	fied.	
E PLAINLY, WITH UNFADING INK—THIS IS A PER should be carefully supplied. AGE should be stated E OF DEATH in plain terms, so that it may be properly a continuous for the continuous continu	[WA]	XAC	lassi	
E PLAINLY, WITH UNFADING INK—THIS IS A should be carefully supplied. AGE should be stated OF DEATH in plain terms, so that it may be proper your innerest.	PER	E	rly c	ate.
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E PLAINLY, WITH UNFADING INK—TH should be carefully supplied. AGE should OF DEATH in plain terms, so that it may		pe s	pe I	of co
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STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	1006
County Workluster,	Registration Dist. No. // O
Village or City Kurlosk	No. St. Ward
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mgs	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Golla Problem	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Jemas ware bengte	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	/30 ,1937, to 2/ 3 1937
6. DATE OF BIRTH (month, day, and year) May 14 /874	I last saw h and alive on 12/3 1937: death is said
7. AGE Years Months Days If LESS than	to heve occurred on the dete stated above, at 52p.m.
67 8 18 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trede, profession, or particular	were exfollows: Date of onset
kind of work done, as SPINNER, Louise with	
9 Industry or business in which	
work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this	
yeer)occupation	Other Contributory Causes of importance
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME Henry Worker	
13. NAME HENRY WOOLEN	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Hurlack, Md.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Hurlock, Md.	Accident, suicide, or homicide?Date of injury19
∑ (State or couplry)	Where did injury occur?
17. INFORMANT albert Wooflen	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Burlian	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Hulls et Date Date 5, 193	Nature of injury
19. UNDERTAKER & B William ghly	24. Wes disease or injury In any way related to occupation of deceased?
(Address) Hurlow	If so, specify
76 4 37 Charlo Mastrain	(Signed) Droger Myers M. D.
20. FILED FLV 7, 192 / SAS (V Netative) Registrar.	(Address) 26 types ml

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Chronic interstitial nephrit	8	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	and the description			
Other contributory caus	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE (OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
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- 1		

1. PLACE OF DEATH	(25)
County Horcheler	Registration Dist. No. // O
Village or City Furlock (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME/Pullusur & North	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 2
5a. If married, widowed, or divorced HUSBAND of (or) WHEE OL WAS A Note	22. I HEREBY CERTIFY, That I attended decessed from 1937, to 1937
6. DATE OF BIRTH (month, day, and year) Feb 23 185 6	I last saw h alive on 2/2 , 19.3.7; deeth is said
7. AGE Years Months Days If LESS then I day,	to have occurred on the date stated above, at Same
80 // Iday,nrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER Rulered Farmer SAWYER, BOOKKEPER, etc.	apoplety & Myocodities a-
SAWYER, BOOKKEEPER, etc. 2	cute Duration and state
work wes done, as SILK MILL, SAW MILL, BANK, etc.	Eds Clay File
kind of work done, as SPINNER Later. SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation	
to Diparting and City and San A	Other Contributory Canoes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Dofino Wostlew	
E	Name of a section
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME Mary Cheere	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
Ξ /	Accident, suicide, or homicide? Date of injury
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18. BURIAL, CREMATION, OR REMOVAL Page and Their infantitione Feb 8, 19 37	Menner of injury
19. UNDERTAKER Go B Williams 4 19 (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Feb 7 , 1937 Chas M Hootings Registrar.	(Signed) Roger Myers M.D. (Address) John Share Smith

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